

Queenborough School and Nursery Breakfast Club Membership Form



Child's Surname

Forename(s)

Date of birth

age

Class & Teacher's name:

Home Address:

Post code:

Home phone no.....

Mobile phone Name.....

Mobile phone Name.....

Parent/Carer's name

Employer Work tel no.....

Additional Parent/Carer's name

Address (if different from above)

Employer Work tel no

In the case of an emergency we will contact a parent as stated above, if unavailable, please give two further contact details (ie grandparents, other relatives or close friends/neighbour)

1st Emergency contact name Tel No

2nd Emergency contact name Tel No

Child's GP Tel No

Does your child have any medical conditions of which we should be aware ie asthma, epilepsy, diabetes, known allergies?

Is there a pump in school?

Does your child have any special needs?

Booking Details. Fees are to be paid in advance or on the day. Please arrange for the fees to be given to the staff at Breakfast Club. Breakfast club: Fees are £1.00 per session.

I agree to the terms of payment. Signed: _____ Date: _____

Do you observe any cultural or religious procedures that you consider we ought to be aware of?
If so, please give details

Does your child have any specific dietary needs or food intolerance of which we should be aware of?

Is there any other information you would like to add, ie: your child's likes, dislikes, activities he/she enjoys, or any specific concerns/requirements you may have?

I am happy for my child to use his/her own labeled toothbrush Yes [] No []

I am happy for my child to watch U rated Videos Yes [] No []

I am happy for my child to use hand consoles/laptops (when available) Yes [] No []

I am happy for my child to help prepare snacks with an adult Yes [] No []

I give permission for my child to use their prescribed inhaler whilst attending the Breakfast Club
Signed _____ Parent/Carer

In the event of my child requiring emergency treatment and the staff being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anesthetic advised by the medical authorities for the well being of my child.
Signed _____ Parent/Carer

I give permission for Breakfast Club staff to take digital photos of my child enjoying their time at club. These photos may be used in keyworker books, in wall displays or just for sharing with you.
Signed _____ Parent/Carer

I understand that the Breakfast Club cannot accept responsibility for my child's possessions or valuables whilst they are attending the club.

Signed Print Name Date.....

Please return this form to the School Office or Breakfast Club Staff.