**Registration for Breakfast Club at Viridis Schools**

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| **OFFICE USE ONLY** |  | |
| START DATE: | SCHOOL SITE: | |
| CLASS: | YEAR GROUP: | |
| **PERSONAL DETAILS** |  | |
| CHILD’S FULL NAME:  PREFERRED NAME: | DATE OF BIRTH:  BOY [ ] GIRL [ ] | |
| FULL ADDRESS:  POST CODE: | | |
| Siblings in school: YES [ ] NO [ ] Name of sibling(s): | | |
| Home telephone: | Mobile: | |
| Names of Parents/Carers with whom the child lives: | | |
| **Where can we contact you during morning?** | | |
| 1st Main Carer: | 2nd Main Carer: | |
| NAME: | NAME: | |
| ADDRESS: | ADDRESS: | |
| TELEPHONE: | TELEPHONE: | |
| RELATIONSHIP TO CHILD: | RELATIONSHIP TO CHILD: | |
| **List below the people allowed/authorised to bring/collect your child to/from school** | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**BREAKFAST CLUB TIMES**

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| Monday to Friday | Start 7.45am | Finish 8.55am |
| FSM Daily Cost- **£1.50**  Non FSM Daily Cost- **£2.00** | FSM Weekly Cost- **£7.50**  Non FSM Weekly Cost- **£10.00** | **Payment in advance only** |

**DECLARATION BY PARENT/CARER**

I agree:-

* I declare that all information given above is correct and agree to all authorisations given in the Confidential Form
* I will notify the school of any changes to the information provided above immediately if there is a change
* I understand that my child’s place may be withdrawn if I do not follow agreed procedures
* I understand that my child will not be able to attend unless I pay in advance for the provision.

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| **Parent/Carer** | | |
| Name: | Signature: | Date: / / |