

**Beehive Breakfast Club**

**Registration Form**

Please complete all forms and turn to Purbrook Infant School office

PLEASE USE BLOCK CAPITALS

Name of child: ………………………………………………… Class: ………………………………..

To be known as: ………………………………………………… Date of Birth: …………………………

Address: ………………………………………………………………………………………………………

Post Code: …………………………………… Tel: ……………………………….

Please indicate the date your child will be starting the club: ……………………………………..

Please tick the sessions you wish your child to attend. Each child in the family must register separately.

Each session is 7.45am – 8.45am (Please arrive before 8.15 for breakfast)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

Parent/carer name: …………………………… Relation to child: ……………………………………

Mobile number: ……………………………….. Parent/carer employer: …………………………….

Employer’s address: …………………………. Employers Tel: ………………………..…………….

Parent/carer name: …………………………… Relation to child: ………………………………..……

Mobile number: ………………………………. Parent/carer employer: ………………………………

Employer’s address: ………………………… Employers Tel: ………………………………..………

Name, address and telephone number of family GP:

………………………………………………………………………………………………………………

………………………………………………………………………… Tel: ……………………………

Please give details of any medical conditions or medicines your child uses regularly. If you wish Breakfast Club to administer medicines/inhalers to your child, we need written permission on the Administration of Medicines and Treatment Consent Form. We cannot give medicines without written permission.

…………………………………………………………………………………………………………………………

Children will be provided with a healthy breakfast. If there are any food/drinks your child should not have for any reason, please specify:

………………..………………………………………………………………………………………………………

Please provide two emergency contact numbers to be used if other numbers given are unobtainable.

1. Name: ………………………………………… Relation to child: ……………..………………………..

Home telephone No: ……………………………. Mobile: ……………………………..…………..………

1. Name: ………………………………………… Relation to child: ………………………..…………….

Email address for invoicing purposes: ……………………………………………………………………………

I give permission for first aid to be administered to my child in a medical emergency. 🞏

I am providing a non-refundable deposit of £25 to secure my child’s place. 🞏

(See leaflet in pack for further details)

Cheques to be made payable to HCC

**I agree to give four week’s notice if I reduce the number of days my child attends the club or I withdraw my child from the club.**  **I note that payment will be expected during this four-week notice period**. **Late payment charges of £25 will apply to all invoices not paid on time.**

Signed: ………………………………………. Parent/carer Date: ………………………………………….



I understand that the information given will be held securely and will only be used for school administrative and financial purposes.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR OFFICIAL USE ONLY  £25 deposit received 🞏 Cash 🞏 Cheque 🞏 By (initials) …….. Date ………..    Waiting list: …………………………… Date: ………………………….   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Monday | Tuesday | Wednesday | Thursday | Friday | |  |  |  |  |  | |