

PLEASE COMPLETE FOR ALL BOOKINGS

Booking Form for Breakfast & After School Clubs at Northstead Community Primary School

Name of Child / Children _____

Week commencing _____

BREAKFAST CLUB available from 7:50am (please indicate days required)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
If this booking is the same requirement every week, please tick box <input style="float: right;" type="checkbox"/>	

AFTER SCHOOL CLUB (please indicate sessions required)

	3:00pm – 4:15pm SESSION 1	4:15pm – 5:30pm SESSION 2	3:00pm – 5:30pm COMBINED SESSION
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
If this booking is the same requirement every week, please tick box <input style="float: right;" type="checkbox"/>			

Payment

The cost to attend Breakfast Club is: £3.00 per morning / per child – includes cereal, toast and drink

The cost to attend After School Club is:

Session 1	£3.50 per child – includes snack and drink
Session 2	£3.50 per child – includes snack and drink
Session 1 & 2	£7.00 per child – includes snack and drink

Where possible, please pay on ParentPay, our secure online payment system. If you are a member of a voucher scheme, please ensure you change the ID for payment to be made to Northstead Community Primary School. If you need a code or have any problems, please contact Northstead School Office.

If your child is attending one or both of the clubs please ensure you have completed a registration form.

School Contact Details: Mrs Murphy, Northstead School – 01723 362249

**Entrance / Exit to the club will be the double doors to the front of the dining room, at the
left hand end of Northstead Community Primary School.**

TO BE COMPLETED FOR FIRST BOOKING AT NORTHSTEAD COMMUNITY PRIMARY SCHOOL AND ANY CHANGES AFTER INITIAL REGISTRATION

Registration form for Breakfast & After School Clubs

Information for: Breakfast Club / After School Club / Both Clubs (Please circle)

School contact details: Mrs D Murphy 01723 362249

Child's Name					
Northstead Community Primary School / St Peters Roman Catholic School (please delete as appropriate)					
Date of Birth					
Address					
Name of Mother					
Home Telephone		Mobile Telephone		Work Telephone	
Name of Father					
Home Telephone		Mobile Telephone		Work Telephone	
Contact Name / Telephone number for Emergencies					
<p>I / we agree to appropriate emergency medical treatment being given to my child under the supervision of a responsible adult should the need arise.</p> <p>I understand that I / we will be informed of the circumstances as soon as is reasonably possible.</p>					
Medical / Dietary problems					
(i.e allergies, medication)					

Please list below all people you consent to collect your child from the club if you are not available. You must inform a member of club staff if someone different is collecting your child.	
Name	Contact Number

Signed _____ Date _____