

PLEASE COMPLETE FOR ALL BOOKINGS

Booking Form for Breakfast & After School Clubs

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.

**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					
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 _____