

Henleaze Campus Breakfast Club

Complete all three pages



DETAILS OF PARENT/GUARDIAN APPLYING:

Please record the name of every parent/carer of your child/ren below. This must include anyone who has legal contact with and/or parental responsibility for the child/ren. Please use additional sheets if necessary.

MAIN PARENT /CARER 1		SURNAME		FIRST NAME		Please note: The main parent/ carer named here is deemed to be the account holder. The address here is where the child/ren normally live.
Mr/Mrs/Miss/Ms/Dr (please indicate which)						
RELATIONSHIP TO CHILD/REN:						
ADDRESS:						
					Postcode:	
Phone numbers		Home		Mobile		Work
E-MAIL ADDRESS: Please note: the email address that you give us below will be used as the primary address for correspondence with you; we will use it to send your invoices for fees, payment reminders. Please write clearly!						
Email:						
OTHER PARENT/ CARER 2		SURNAME		FIRST NAME		
Mr/Mrs/Miss/Ms/Dr (please indicate which)						
RELATIONSHIP TO CHILD/REN:						
ADDRESS:						
					Postcode:	
Phone numbers		Home		Mobile		Work
E-MAIL ADDRESS: Please note: If you would like invoices/correspondence to be sent here as well please enter details:						
Email:						

DETAILS OF CHILDREN:

Child	Forename	Surname	Date of Birth	Age	Schl Yr 2019/20	Class Number 2019/20
1						
2						
3						
4						

BREAKFAST CLUB REQUIREMENTS: (Please tick days required)

Child	Monday	Tuesday	Wednesday	Thursday	Friday	Commencement Date Required
1						
2						

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3						
4						

In the event of required days being unavailable, children's names will be put on a waiting list.

IN CASE OF EMERGENCY, AND IF NEITHER OF THE TWO PRIMARY NAMED PARENTS/ CARERS CAN BE CONTACTED PLEASE GIVE DETAILS OF THE NEXT PREFERRED POINTS OF CONTACT.

These should be LOCAL people who can be available to help out in an emergency in your absence

Forename	Surname	Relationship to you	Contact Phone Numbers:
1			
2			Mobile:

SPECIAL, CULTURAL, RELIGIOUS OR DIETARY REQUIREMENTS:

Child	Details of Special, Cultural religious or dietary requirements	CAN YOUR CHILD EAT EGGS Please indicate for each child attending the club
1		YES/NO
2		YES/NO
3		YES/NO
4		YES/NO

MEDICAL - DETAILS OF YOUR CHILD/REN'S DOCTOR:

Doctor's name :	Surgery name:	Tel No:

YOUR CHILD/REN'S HEALTH AND OTHER NEEDS ○ Please give details below of any information about your child/ren of which we should be aware, for example: allergies (eg bee-stings, plasters, food allergies etc); health problems; emotional or behavioural concerns etc; and also the need for use of epipens, inhalers etc.

○ If any of your children need prescribed medication you will need to complete a medical care plan/consent BEFORE they attend the club. Please ask the Playleader for a form. ○ Please also let us know if English is not your child/ren's first language. Thank you.

○ **DO NOT LEAVE THIS SECTION BLANK** If nothing applies please write N/A across the boxes.

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Child	Special Medical information	First Language, specify
1		
2		
3		
4		

Child	Date of Last Tetanus Injection
1	
2	
3	
4	

PLEASE SIGN TO ACCEPT THE FOLLOWING DECLARATIONS

- † I understand that the **Henleaze Campus Breakfast Club runs from 8.00 am to 8.45 am and that I am obliged to keep within these times.** We cannot guarantee a breakfast for your child after 8.20am.
- † I agree to notify the Coordinator, **in writing**, if my child will not be attending a session; will be arriving late due to before school activities.
- † If your child fails to attend a session which he or she is booked to attend, we are unable to offer alternative sessions or issue refunds.
- † I have read the Behaviour Policies as shown on the Henleaze Infant School website and understand that the school have the right to exclude children who persistently break these guidelines.
http://www.henleazeinf.bristol.sch.uk/?page_id=218
- † I give permission for my child to be given emergency medical or dental treatment if necessary.
- † **I understand that fees are payable in advance of the term and that my children will not be accepted into the scheme unless payment has been made.**
- † I accept that Henleaze Campus Breakfast Club cannot accept responsibility for loss of, or damage to, personal property taken to Breakfast Club.
- † **I accept that I am obliged to give four weeks' notice, in writing, if I wish to cancel any days.**
- † I give permission for this information to be stored, in the strictest confidence, on a computerised database for the sole purpose of administering the scheme.
- † Please also be aware that whilst we endeavour to ensure that Henleaze Campus Breakfast Club run as scheduled, there may be circumstances where for reasons outside of our control we are unable to operate in accordance with our normal procedures and regrettably have to take the decision not to run the relevant club that day. Such circumstances include but are not limited to bad weather, strike action at the premises where the Clubs are operating from etc. It is our policy not to generally issue refunds or offer alternative sessions in such circumstances.

PERMISSIONS please delete as appropriate

• The child may have plasters applied?	YES/NO
• Antiseptic wipes may be used on the child	YES/NO
• Your child's image may be used in occasional publicity material?	YES/NO
• Your child's image may be used on the Henleaze Infant or Junior School website?	YES/NO
• Your child's image may be used on display for activity boards?	YES/NO
• Both parents (or, as a single parent, just myself) are currently in employment or fulltime study?	YES/NO

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Henleaze Campus Breakfast Club aims to provide a happy safe and friendly environment and so expects all staff, parents and visitors to maintain a high standard of behaviour.

Signed _____

Print Name **in capitals** _____

Date _____

(NB The above must be signed by the main parent/carer who is the account holder on the registration form) **For Single Parents:** *I am a single parent, with only one adult in my family unit:*

Signed _____

Print Name **in capitals** _____

Date _____