**Pupil Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Class:** |  |

**Emergency contact details** (Please provide details of 2 contacts)**:**

|  |
| --- |
| **Contact 1:** |
| **Name:** |  | **Relationship to child:** |  |
| **1st telephone:** |  | Order to call: |  |
| **2nd telephone:** |  | Order to call: |  |
| **3rd telephone:** |  | Order to call: |  |

|  |
| --- |
| **Contact 2:** |
| **Name:** |  | **Relationship to child:** |  |
| **1st telephone:** |  | Order to call: |  |
| **2nd telephone:** |  | Order to call: |  |
| **3rd telephone:** |  | Order to call: |  |

**Authorised people details** (please list additional people authorised to collect from After School Club)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Relationship to child:** |  |
| **Name:** |  | **Relationship to child:** |  |
| **Name:** |  | **Relationship to child:** |  |

**Medical/Allergy requirements** (please list below)**:**

|  |
| --- |
|  |

Signature of Parent/Guardian ........................................ Date : .....................................................

PLEASE NOTIFY US IF ANY DETAILS CHANGE

------------------------------------------------------------------------------------------------------------------------------Breakfast Club – (8am until school starts)

£3.50 per session (YR – Y2)

 £4.65 per session (Nursery)

Name of Child: Class:

I require the following regular **Breakfast Club** sessions until further notice:

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

I wish to pay using:





I understand that I must inform the school should I need to change these regular bookings

Signed:

Date:

------------------------------------------------------------------------------------------------------------------------------

After School Club – (after school until 6pm, £10 per session)

Name of Child: Class:

I require the following regular **After School Club** sessions until further notice:

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

I wish to pay using:





I understand that I must inform the school should I need to change these regular bookings.

Signed:

Date: