
BISHOPS LYDEARD CHURCH SCHOOL BREAKFAST CLUB

ADMISSION FORM & TERMS

By signing this document, you hereby agree to abide by the Breakfast Club's terms detailed below. Please take time to read these carefully.

Fees

- Session fees are £4.00 from 7.30am or £2 from 8.15am

Booking

- Booking in advance is required.
- Spaces cannot be reserved without payment.

Payment

- Payment must be made in advance and can be weekly or monthly.
- Payment should be paid via your ParentPay account.
- Childcare vouchers will only be accepted if previously agreed with the School Administrator Tracey Fillingham

Cancellations

- If your child will not be attending Breakfast Club as per your normal booking, it is vital that a phone call should be made 48 hours in advance or you will still be charged for this place. This excludes illness.
- If enough notice is given we will transfer your payment to your next booking.

Pupil Details

Legal Surname**		Preferred Surname	
**Legal surname is the name that appears on the pupil's birth certificate. Please supply relevant supporting evidence for any legal name change.			
Legal Forename		Preferred Forename	
Middle Name(s)		Date of Birth	
Gender-M/F		Admission Date	
Pupil's Address including postcode			

Contact Information

All adults with parental responsibility **MUST** be listed, whether living with the pupil or not.

	<u>Contact 1</u>	<u>Contact 2</u>
Name (for adults with parental responsibility)		
Relationship to Pupil		
Contact Address if different to pupil		
Contact Telephone Numbers & Emails	Home: Work: Mobile: Email:	Home: Work: Mobile: Email:
Contact in an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of any other adult to be contacted in emergency	Name: Address: Relationship to child: Priority: Home Ph: Work Ph: Mobile:	

Medical information

Surgery Address including Post Code	
Telephone Number (including code)	()

Please give below information on medical conditions, allergies, drug sensitivity or regular medication.

Please give below information on any special dietary needs?

General information

Please give below any other information which you feel might help the school to ensure the best interests of the pupil are met eg, if any Court

Orders exist, or if your child has any Special Educational Needs, etc

Signed: _____

Print Name: _____

Date: _____

