Riverbridge Primary School Breakfast Club

Please complete and return to the school office before your child uses the club.

Please complete as fully as possible

| Pupil Surname: Male / Female: Address: | | Pupil Forename: Date of Birth: | | | |
|--|-------------------------|--------------------------------------|----------------------------|--------------------------|--|
| Post Code: | Но | me Telephone: | | | |
| Please give details of all pe contacted in an emergence continue overleaf. | v. Where possible we no | • | ct. More than two contacts | | |
| Contact Name and Relationship to child | | ess and Phone if | | Mobile and/or Work Phone | |
| Please provide an email a | ddress as most of ou | ur correspondence i | s sent in this way: | | |
| Special Dietary Needs | | | | | |
| Doctor Address | | | | | |
| Telephone Medical, allergies, | | | | | |
| regular medication | | | | | |
| and most recent immunisations | | | | | |
| Parent/Guardian Sign | ature: | | Dated: | | |

| Preferred Start date | | | | | | | | |
|---------------------------------|---|--|-----------------------|--|------------------|--|--|--|
| Preferred pattern of days | | | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | | | | |
| Transfer to ar | nother school | <u> </u> | | | | | | |
| | | Green provides spaces fo er of Breakfast club adult | | ases . The children will wall to give permission. | k to Park Avenue | | | |
| My child/ren | atten | d Park Avenue base and | will need accompan | ying to school. | | | | |
| l give permissio | on for this | Paro | ent signature. Date | ed | | | | |
| Photographs | 5 | | | | | | | |
| There may be o | | ildren are photographed | l whilst attending th | e club. If you are happy to | give permission | | | |
| Parent's signat | ure | Da | te | | | | | |
| Contract of A | Agreement | | | | | | | |
| • | e policies of Riverbelow should be rea | • | govern the runni | ng of the Breakfast Clu | ıb. In addition | | | |
| | | iverbridge number 0 e times or leave a me | | n 8:30am until 4:30pm wer machine. | ı. Please do | | | |
| Cance apply | ellations must be r v. Cancellations car | nade by 12pm on a F n be made by calling | riday for the follo | wing week or session | charges will | | | |
| • I und | _ | | | Breakfast club it could | result in | | | |
| • Child | ren must be signed | ade in advance eithe I in and left in the ca | • | dcare vouchers. ey are not allowed to e | nter Breakfast | | | |
| Child | alone. ren who wish to ha chool car park is p | ave breakfast must a urely for staff use. | rrive by 8.15am | | | | | |
| | | · | | | | | | |