

Breakfast & After School Club

Booking Form



CLASS: _____

DATE: _____

FIRST NAME: _____

SURNAME: _____

HOME TEL: _____

DATE OF BIRTH: _____

MOBILE 1: _____

MOBILE 2: _____

EMAIL 1: _____

EMAIL 2: _____

HOME ADDRESS: _____

POSTCODE: _____

BREAKFAST CLUB

YES NO (Please tick)

COSTS £4.50 per day

WHAT DAYS WOULD YOU LIKE YOUR CHILD TO ATTEND? MON TUE WED THU FRI

AFTER SCHOOL CLUB

YES NO (Please tick)

COSTS £4.00 per hour

WHAT DAYS / TIMES WOULD YOU LIKE YOUR CHILD TO ATTEND? (Please tick)

	1 Hour		1 Hour		2 Hours
MONDAY	3.30 to 4.30 <input type="checkbox"/>	or	4.30 to 5.30 <input type="checkbox"/>	or	3.30 to 5.30 <input type="checkbox"/>
TUESDAY	3.30 to 4.30 <input type="checkbox"/>	or	4.30 to 5.30 <input type="checkbox"/>	or	3.30 to 5.30 <input type="checkbox"/>
WEDNESDAY	3.30 to 4.30 <input type="checkbox"/>	or	4.30 to 5.30 <input type="checkbox"/>	or	3.30 to 5.30 <input type="checkbox"/>
THURSDAY	3.30 to 4.30 <input type="checkbox"/>	or	4.30 to 5.30 <input type="checkbox"/>	or	3.30 to 5.30 <input type="checkbox"/>
FRIDAY	3.30 to 4.30 <input type="checkbox"/>	or	4.30 to 5.30 <input type="checkbox"/>	or	3.30 to 5.30 <input type="checkbox"/>

Office Use only

- Breakfast Club After School Club
 Input / PP Waiting List Confirmation

EMERGENCY CONTACT INFORMATION:

1) NAME: _____

1.) TEL: _____

2) NAME: _____

2.) TEL: _____

3) NAME: _____

3.) TEL: _____

4) NAME: _____

4.) TEL: _____

COLLECTION ARRANGEMENTS: (Please include all people who have permission to collect your child)

1) NAME: _____

1.) TEL: _____

2) NAME: _____

2.) TEL: _____

3) NAME: _____

3.) TEL: _____

4) NAME: _____

4.) TEL: _____

FOOD PREFERENCES:

CAN YOUR CHILD EAT THE FOLLOWING FOODS? (Please tick)

BEEF YES NO

NUTS YES NO

PORK YES NO

MILK YES NO

FISH YES NO

DAIRY PRODUCE YES NO

EGGS YES NO

ANY OTHER SPECIFIC DIETARY REQUIREMENTS? (Please specify)



HEALTH & MEDICAL INFORMATION

SURGERY NAME: _____

DOCTOR'S NAME: _____

SURGERY TEL: _____

SURGERY ADDRESS: _____

POSTCODE: _____

PLEASE GIVE DETAILS OF ANY EMERGENCY OR REGULAR MEDICATION REQUIRED:

DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS:

ASTHMA (If yes please complete form) INFORMATION _____

ALLERGIES INFORMATION _____

DIABETES INFORMATION _____

ECZEMA INFORMATION _____

EPILEPSY INFORMATION _____

HEARING DIFFICULTIES INFORMATION _____

OTHER (Please give details) INFORMATION _____



PARENTAL PERMISSION:

LOCAL VISITS AND ACTIVITIES NOT ON THE SCHOOL GROUNDS

From time to time, the children will be taken out of school for educational visits and activities in and around the local area (for example Larkwood Field). Parents will be notified of any trip that requires the use of transport.

Do you give permission for your child to go out of the school grounds under the supervision of staff? YES NO

USE OF THE INTERNET

The School has a clear e-safety policy (can be found on the school website) and all children are taught about the safe use of the internet and supervised while using computers in school.

Do you give permission for your child to use the internet? YES NO

PICTURES AND PHOTOGRAPHS OF YOUR CHILD

We regularly take pictures of our pupils participating in day to day and extended learning activities that we organise. We believe it is important to be able to share with you (parents and carers) all of the wonderful experiences and activities that your child is participating and enjoying while with us.

We do this through using the photographs in our newsletters, on the school website and in displays around the school. Occasionally we may use these pictures in school promotional materials (such as the school brochure). We will never refer to your child by their full name if names are given.

Do you agree for your child's photo to be used? YES NO

DROP AND COLLECTION:

The LEAP Breakfast and After School Clubs are both held in the blue hall with direct access for drop off and collection via the car park entrance. **Note:** we will only release children from the After School Club to the named contacts as provided on your child's booking form. If you wish to add/change these contacts please let us know.

LATE COLLECTION CHARGES:

Please ensure you call the school if for any reason you are unable to collect your child on time. All children must be collected by 5.30pm each day. There will be a charge of £10 for every 15 minutes that your child remains uncollected prior to 6pm. After 6pm this charge will be increased to £30 per half an hour. (Please note these charges are to cover direct costs incurred by the school to cover staff and charges within our PFI contract for the building).

CHANGES TO INFORMATION:

Please ensure that you keep us updated with any changes to the information given on your booking form, particularly emergency contacts, medical information and permissions for who is able to collect your child.

PARENTS AGREEMENT FOR LEAP CLUBS:

LEAP Clubs are payable weekly in advance via ParentPay. Booking will automatically renew unless you cancel your child's place. Cancellation must be received in writing (via email or letter) with two weeks notice.

If your child does not attend the LEAP Club as booked, you will still need to pay for the session. If the club is cancelled on behalf of the school due to circumstances beyond their control you will be refunded for the session. (Please note this would only happen in an extreme emergency that prevented the school being open).

CHILDCARE VOUCHERS:

Fees will be added to your child's ParentPay account and we then credit your account when we receive your childcare vouchers via your provider. You will need to give your childcare voucher provider the following information: Larkwood Primary Academy, OFSTED number: 141 734.

CANCELLATION:

A minimum of two weeks notice is required to cancel any LEAP Club booking, without further charge. Cancellation must be received in writing (via email or letter).

PARENT/CARER NAME (Please Print) _____

SIGNED: _____ DATE: _____