**Breakfast Provision**

**Registration Form**

The following information is confidential and will be held as a permanent record to support the Horsford Primary, Mill Lane KS2 Breakfast Provision. Please advise us immediately of any changes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Details** | | | |
| Child’s Name: | | | |
| Date of Birth: | | Class: | |
| **Parent/Carer Details** | | **Parent/Carer Details** | |
| Name: | | Name: | |
| Home Address: | | Home Address: | |
| Home Telephone No: | | Home Telephone No: | |
| Mobile: | | Mobile: | |
| Email: | | Email: | |
| Daytime/Work Telephone Number & Extension: | | Daytime/Work Telephone Number & Extension: | |
| **Emergency Contacts:** Please give details of two people to be contacted in the case of an emergency and that they are able to collect your child should the need arise: | | | |
| **Name** | **Relationship** | | **Telephone Number** |
|  |  | |  |
|  |  | |  |
| **Password to be given when collecting child:** | |  | |
| **Child’s Health:** Please provide details of significant health issues (including special educational needs and/or physical statement): | | | |
|  | | | |
| **Does your child suffer from any allergies?** (please circle) **YES / NO**  If yes please give details: | | | |
| **Does your child have any dietary requirements?** (please circle) **YES/ NO**  If yes please give details: | | | |

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or by any other means, I hereby give my general consent for any necessary treatment and authorise the leader in charge to sign any documentation required by the hospital authorities.

Print Name:

Signature:

Date:

**BREAKFAST PROVISION**

1. Registration - You will need to complete a Registration Form for regular weekly sessions.

We are unable to care for your child without this document being signed.

1. All bookings are to be booked a half term in advance to secure your place.
2. All payments must be made prior to your child attending Breakfast Provision. Please note that the booking will only be confirmed once payment has been received.
3. Please contact School immediately if you experience problems with payments. Non-payment will lead to us no longer being able to offer you a place.
4. We are unable to give refunds if the place is pre-booked and parents make the decision not to send their child(ren) or if children are subsequently ill and unable to attend.
5. No refunds will be made for school closures due to snow / extreme weather conditions.
6. Parents must ensure School have the correct contact details in case of an emergency.
7. In an emergency, a first aider will administer first aid.
8. Staff will administer medicine such as asthma, epi-pens etc. if needed. Staff will administer prescription and non-prescription drugs in accordance with the Department of Education guidelines i.e. Supporting pupils at school with medical conditions and managing medicines in schools and early year’s settings. All medication can only be given once the correct paperwork is filled in.
9. If your child is ill whilst at the club, staff will contact you to collect your child.
10. Parents must not park on the school car park for drop off or collection unless instructed to by a member of staff.
11. All children are registered upon their arrival, staff will follow up on missing pupils.
12. Breakfast provision will follow the School’s guidelines and policies.
13. There may be occasions when the provision may need to be cancelled, due to staff sickness/absence. In this event, the subsequent invoice will be amended with a refund for this session.
14. Pricing will be reviewed annually. Advanced notification will always be given in the event of an increase.
15. Please note that the school reserves the right to refuse the service to any parent if they become abusive or use abusive language or fail to comply with our terms and conditions.

**I have read and agree to the above terms and conditions:**

Print name:

Date:

Signature: