**BREAKFAST CLUB REGISTRATION FORM**

**DAILY FEES** - £4.00 per child. Concessions are £2.00 per child.

**PAYMENTS** – Made online using your SCO-PAY account (if you do not have a log in please contact the school office) Please complete this form and return to [admin@yerbury.islington.sch.uk](mailto:admin@yerbury.islington.sch.uk) Thank you for your cooperation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHILD’S NAME** | **CLASS** | **DAYS I WISH MY CHILD/CHILDREN TO ATTEND (X)** | | | | |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
|  |  |  |  |  |  |  |

**Parent/Carer Details**

|  |  |  |
| --- | --- | --- |
| Name: |  | Name: |
| Home Address: |  | Home Address: |
| Home Phone: |  | Home Phone: |
| Mobile Number: |  | Mobile Number: |
| Work Number: |  | Work Number: |
| Please indicate the best number to use from 8-9.10am: |  | Please indicate the best number to use from 8-9.10am |
| Email Address: |  | Email Address: |

**Details of Child’s Doctor**

|  |  |
| --- | --- |
| Name of Doctor: | Surgery Phone Number: |
| Address of Surgery: | |

**About Your Child**

|  |
| --- |
| Please detail any additional or special needs: |
| Please detail any medical needs including details of any medication: |
| Please detail any allergies: |
| Please detail any dietary requirements: |

**Siblings at Yerbury**

|  |
| --- |
| Child’s name & class: |

**Signature of Parent/Carer..................................................................... Date....................................**

**Print Name............................................................................................................**