Breakfast and After School Club Registration Form

Name_	<u></u>	Date of Birth
Name		Date of Birth
Name_	2	Date of Birth
Addres	ess	
Teleph	hone number	
Emerg	gency contact name and number	
-	ou give permission for your child to receive gency?	e medical treatment i.e in the event of an
Details	ls of any medical conditions/medication_	
Allergi	gies/Dietary Restrictions	
Parent agreei 1. 2. 3.	ing to these terms and conditions. All pupils are required to complete the School Club. Payments and Booking should be made. We reserve the right to refuse admittar Payment has not been made. Arrears occur above £50 Continuous unacceptable beha Ad hoc one-off bookings may also be m If your child does not attend due to illne. If your child is not collected by 5.15pm	registration form in order to use Breakfast and After in advance at the beginning of each half term. Ince if the following occurs. Baylour. Bayl
Ū	e to the above terms and conditions	
Child/0	/Children's Name	
Signed		