



# CHESSWOOD JUNIOR SCHOOL

## Breakfast Club Booking Form

### Autumn (1) Half Term



Please complete the table below indicating with an **X** which sessions you would like to book.

	w/c 07/09	w/c 14/09	w/c 21/09	w/c 28/09	w/c 05/10	w/c 12/10	w/c 19/10
<b>Mon</b>							
<b>Tues</b>							
<b>Wed</b>							
<b>Thurs</b>							
<b>Fri</b>							

Number of sessions requested: .....

**Our Breakfast Club runs from 7.30am – 8.30am**

Shaded area indicates that school is closed for INSET or Bank Holiday

Child details	
<b>Child's Name:</b>	<b>Class:</b>
Emergency Contact details	
<b>Name:</b>	<b>Address:</b>
<b>Telephone number:</b>	<b>Relationship to child:</b>
Payment Information - £4.00 per session	
Payments must accompany the booking. An additional fee of £1 per session will be charged for late payment.	Fees may be paid either by cash or cheque. Cheques payable to Chesswood Junior School please.
Booking Information	
I would like to confirm and book the above sessions and enclose payment of £ .....	
<i>Please note we cannot refund payments without one week's notice of cancellation. If your child is unable to attend a booked space, please contact the school on 01903 204141 to confirm absence.</i>	

**Continued overleaf**

**Medical Information**

*Please state any medical conditions your child has, i.e.; Allergies, Asthma, Diabetes*

**Allergies:**

**Medical Conditions:**

**Prescribed Emergency Medication:**

*Should my child need to take medication for a life threatening condition - I authorise / do not authorise\* the staff to administer this medication as prescribed and on my written instruction only.*

*I give consent for the staff to administer first aid to my child.*

**Signed** .....

**Dated** .....

*\*Please delete as appropriate*