**Ferndown Middle School Breakfast Club**

**AGREEMENT**

Pupil’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tutor Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I would like my child to attend breakfast club and understand that they must sign in at the school reception between 7.30am and 7.45am.

□ I enclose a booking form and payment for the first half term.

□ I understand that no refund will be offered if my child is unable to attend breakfast club.

□ I have read the behaviour expectations and have discussed them with my child.

Emergency contact while at breakfast club:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following food allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following medical condition of which the breakfast club staff must be aware:\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ferndown Middle School Breakfast Club**

**BOOKING FORM**

To book your child’s place at Breakfast Club, please complete the attached form. Spaces must be booked a half term in advance and this form must be accompanied by payment and returned to the school office in a sealed envelope by the booking deadline. Places are available on a first-come, first-served basis and bookings are **non-refundable**.

You will be contacted by email if we are **unable** to offer your child a place.

The booking deadline for **AUTUMN 1** spaces: **Friday 14th July 2017.**

|  |  |  |
| --- | --- | --- |
| Child’s Name(s) | Tutor Group(s) | Payment method (cash/cheque payable to Ferndown Middle School/Childcare Voucher provider) |
|  |  |  |
|  |  |  |  |  |  |  |
| Day | Date | Please tick | Day | Date | Please tick |
| Monday | Staff training day | x | Monday | 2nd October |  |
| Tuesday | Staff training day | x | Tuesday | 3rd October |  |
| Wednesday | 6th September |  | Wednesday | 4th October |  |
| Thursday | 7th September |  | Thursday | 5th October |  |
| Friday | 8th September |  | Friday | 6th October |  |
| Monday | 11th September |  | Monday | 9th October |  |
| Tuesday | 12th September |  | Tuesday | 10th October |  |
| Wednesday | 13th September |  | Wednesday | 11th October |  |
| Thursday | 14th September |  | Thursday | 12th October |  |
| Friday | 15th September |  | Friday | 13th October |  |
| Monday | 18th September |  | Monday | 16th October |  |
| Tuesday | 19th September |  | Tuesday | 17th October |  |
| Wednesday | 20th September |  | Wednesday | 18th October |  |
| Thursday | 21st September |  | Thursday | 19th October |  |
| Friday | 22nd September |  | Friday | 20th October |  |
| Monday | 25th September |  |  |  |  |
| Tuesday | 26th September |  |  |  |  |
| Wednesday | 27th September |  |  |  |  |  |
| Thursday | 28th September |  |  |  |  |  |
| Friday | 29th September |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Total number of sessions |  | Number of children |  | Cost per session |  | Total payable |
|  | X |  | X | £3.25 | = | £ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | Name (print): |  | Date: |  |
| Email address: |  |