

St John's School Breakfast Club

Booking Form - Autumn Term 2021/22

Child's Name.....Class.....

Child's Name.....Class.....

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	Monday	Tuesday	Wednesday	Thursday	Friday
Please Tick					

Autumn Half-Term commencing Thursday 2nd September – Friday 22nd October

Autumn Half-Term commencing Tuesday 2nd November – Friday 17th December

**Full time = 37 sessions @ £4 per session = £148 for the first half-term per child - or pro rata.
Full time = 34 sessions @ £4 per session = £136 for the second half-term per child - or pro rata.**

Please pay via Parentmail but still inform office of days required, as this is on a first come first served basis

NEW APPLICATIONS NEED TO PAY REGISTRATION FEE TO OFFICE.

Please find enclosed £.....Cash/Cheque for
£.....*Registration Fee (£20 first child, £10 additional sibling)*
(Cheques made payable to "SCC St John's")

**Child Care Vouchers can now be used.
Our Edenred Carer Account number is:- P21201747.**

I agree to the terms and conditions of St John's CEVAP School Breakfast Club.

Signed.....Date.....

Print Name.....

Return form **and registration payment** to school office, **in a sealed clearly named envelope marked Breakfast Club**, ASAP to reserve your place.

Emergency Contacts need only be completed if changed or new.

St John's School Breakfast Club

Emergency Contact Information

Child's Details

Surname.....Christian Name.....

Date of Birth.....

Address.....

Post Code.....Home Number.....

Contact 1

Name.....

Relationship to Child.....

Address.....

Phone numbers.....

Contact 2

Name.....

Relationship to Child.....

Address.....

Phone numbers.....

Contact 3

Name.....

Relationship to Child.....

Address.....

Phone numbers.....

Medical Information

Name of Doctor..... Phone number.....

Address of Doctors Practice.....

Allergies.....

Any further relevant information.....

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