

**The Breakfast & Afterschool Club**  
**St Joseph's Catholic Primary School**  
**Application Form for the Breakfast and After School Club**

Child's Name

.....

Date of Birth

.....

Address

.....

Home Telephone Number

.....

Name of Parent/Carer

.....

Mobile Telephone

.....

Emergency Contact and Number:

.....

Name and relationship to child:

.....

Alternative Emergency Contact and Number:

.....

Name and relationship to child:

.....

Address

.....

Doctor's name

.....

Doctor's Address

.....

Doctor's Telephone Number

.....

**Consent to Emergency Hospital treatment :**

Signed..... Parent/Carer

Medical Information about your child (including allergies).  
Any conditions requiring medical treatment, including medication  
Yes/No

If yes, please provide details:

.....  
.....  
.....  
.....

Please outline any special dietary requirements of your child

.....  
.....  
.....  
.....

## After School Club Collection Procedures

Dear Parents,

Please would you complete the form indicating who will be collecting your child from the After School Club on a regular basis and return it to us as soon as possible.

My Child:

---

Class:

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will be collected from the After School Club by the following people on the following day(s):

Parents Contact Number: \_\_\_\_\_

Parent/Carers Signature: \_\_\_\_\_

## PASSWORD FOR DROPPING OFF AND COLLECTION OF YOUR CHILD

If in an emergency, you need your child to be picked up by someone who does not normally collect them, then we need a password as identification.

Password: \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/Carer

I have read, fully understand and agree to all the terms and conditions as set out by the St. Joseph's Catholic Primary School Breakfast and After School Club policy.

Name of Child: \_\_\_\_\_

Signature: \_\_\_\_\_

## **St. Joseph's Catholic Primary School Breakfast Club**

Due to staffing arrangements and so that the Breakfast Club operates with the correct ratio of adults to children, if you book your child in and then they do not attend, you will be charged.

If your own personal circumstances change and you do not require the place for a period of time or anymore in the future, it is your responsibility to cancel the place. A notice period of at one half term must be given.

The club also has to operate a tight schedule and breakfast is served up until 8:15 am. Please make sure your child is in attendance by 8:00 am if they are eating breakfast.

I have read and fully understand the terms and conditions of St. Joseph's Catholic Breakfast Club.

Child's Name: \_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_

## Booking Form for Breakfast and After School Club

**Form A: For Parents who wish to have the same arrangement every week for the term/year.**

Please indicate your requirements as follows:

Breakfast Club (**AM**): Monday to Friday 7:30am - 8.45am Cost £4.50

Late After School Club (**PM**): Monday to Friday 3:00 - 6pm Cost £12

Child's Name:		Class:
Booking	For Parents who wish to have the same arrangement every week for the term.	
AM PM		
Mon		
Tues		
Wed		
Thur		
Fri		
Total Cost:		

**Signed:**

**Date:**

**Payment must be made in advance of the week.**

**Only booking forms will be considered for bookings.**

## Medication

The Breakfast and After School Club will only give medication in exceptional circumstances eg. when a Health Care Plan is in place. Medication such as asthma pumps can be given. The permission form below needs to be signed by the child's parents/carers so that we have the authority to do so.

**The following form must be completed and kept by the Breakfast and After School Club for all medication.**

Name of Child .....

Name of Medicine .....

When to be administered .....

Dosage to be given .....

I give permission for the Breakfast and After School Club practitioner to administer the above medicine.

Signed ..... (Parent/Carer)

Name of Parent/Carer: .....

**Each time medication is administered, the following will be recorded:**

Name .....

Date .....

Time .....

Dosage .....

Administered by: .....

Witnessed by: .....