



Hallam Fields Primary School Breakfast Club Care Admissions Form

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|---------------------------------|---------------------------------|
| Child's Surname: | Child's First Name: |
| DOB: | Preferred name (if different) |
| Address: | Class: |
| Parent/Carer 1 Name: | Parent/Carer 2 Name: |
| Parent/Carer 1 contact details: | Parent/Carer 2 contact details: |

If we need to contact somebody during Breakfast Club hours and we cannot contact you on the above numbers, please provide the name and details of alternative carers.

| | |
|------------------------|------------------------|
| Name: | Name: |
| Contact Details: | Contact Details: |
| Relationship to child: | Relationship to child: |

Medical Details

| | |
|-------------------------|------------------|
| Name of Child's Doctor: | Doctors Address: |
| Telephone number: | |

| | | |
|-------------------------------------|-----|----|
| Does your child have any allergies? | Yes | No |
| Details: | | |



| | | |
|--|-----|----|
| Does your child have any medical conditions? | Yes | No |
| Details: | | |

| | | |
|---|-----|----|
| Are there any special needs we should know about? | Yes | No |
| Details: | | |

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| Any special requests? (religious, food, other matters) | Yes | No |
| Details: | | |

Terms and Conditions:

- Charges apply for the complete terms bookings in advance. These can be paid in full before the term starts or split into 3 monthly payments.
- Payments can be made in cash or cheque.
- A charge of £10.00 will apply if payments are not made by the due date.
- Refunds cannot be made for non-attendance, illness or holidays.
- Changes to bookings can be made termly.

Signed: _____ Date: _____

PLEASE notify us of any changes to the above information as soon as possible