

Breakfast Club Registration Form

Once your registration has been processed, you will be issued with an invoice that will be payable in advance and by the 1st school day each half term at the latest. Payments should be made online via Scopay: https://www.scopay.com/chjs?redirect=true

Please contact the school office if you require an access code to set up online payments.

You will be notified via email of the date that future bookings will become available for each new half term.

PUPIL DETAILS											
Child's Name						Child's Class					
Email address for correspondence & notification of booking availability:											
Emergency		Name			Relations	Te	Telephone Number				
Contact number's		1	1								
		2									
		3									
Does your child have any allergies, medical conditions or addineeds? (If yes, please provide further details below)						tional	YE	S		NO	
I confirm that I have received the Breakfast Club Information document and agree to the conditions stated.											
Parent signa	ature:						Date:				



Breakfast Club - Contract Booking Form

Child's Name			Class							
Session required with effect from:										
Sessions required (please circle)	Monday Tuesday		Wednesday	Thursday	Friday					
 I have received and agree to the Terms & Conditions stated in the Breakfast Club Information document. I understand that sessions need to be paid in advance no later than by the 1st school day of each half term. I understand I am required to give one months' notice if I wish to reduce or cancel my sessions. I understand that no refunds/credits will be given if my child does not attend due to sickness or any other reason. I understand Breakfast Club will not run on INSET days or during the school and bank holidays. I understand that due to time constraints breakfast will not be provided to children arriving after 8.20am 										
Parent signature:				Date:						