#### LANCASHIRE COUNTY COUNCIL



# St. John's C.E. (VA) School Cliviger

## 'Learn, Pray, Care & Play'

Our church school through its Christian values and caring community seeks to inspire each individual to achieve and grow.

### St. John's Breakfast Club



#### Registration and Booking Form

Surname	Forename
Address	
Phone: Home:	Mobile:
Date of Birth	Year Group

Names of Pare	ents/ Guardians						
Emergency Contact Details							
Mother		Name:					
		Address:					
			Phor	ne:			
Father		Name:					
		Address:					
			D.				
Othor		Phone:					
	Other State relationship		Name: Address:				
Otate relation	e relationship		Addiess.				
		Phone:					
		Booki	ina Ra	equirements			
	Monday	Tuesda		Wednesday	Thursday	Friday	
Contracted	Worlday	1 4004	ч	Wearlooday	Triardady	Thaay	
Ad hoc							
Please note we require written confirmation of four weeks' notice to amend or cancel contracted payment.							
Term times on attended or no		that all se	essions	s contracted <u>mu</u>	<b>st</b> be paid for, w	/hether	
Medical Conditions (E.g. sight, hearing, speech, movement, allergies, conditions)							

Medication:
If your child requires medication, please send this to Breakfast Club. It will <b>not</b> be taken from the red medical bag in class.
Special Dietary Requirements: Please advise if your child has any (e.g. allergies, vegetarians or does not consume specific foods/drinks)
Any Other Relevant Information:
Please ensure you have read the St. John's Breakfast and Shooting Stars Club Parents' Handbook. This can also be found, with supporting policies, on the school website <a href="https://www.stjohnscliviger.com">www.stjohnscliviger.com</a>
I hereby consent for my child to take up a place at this club, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the club and agree to abide by them.
I understand that persistent late or non-payment of fees will jeopardise my child's continued attendance at the club.
I confirm that the information given above is correct and will contact the school as soon as any of the details change.
Signature of Parent/Carer: Date:

If you have any questions or comments please get in touch with Mrs Healey.

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