



# COPPERMILL PRIMARY SCHOOL

## Breakfast and Tea-Time Club Application Form

Please complete a form for each child. Children must be in full-time education at Coppermill Primary School. If you have any queries or require help with the form, please contact the School Office.

**Completed forms should be returned to the School Office**

Child's Name: _____	Date of Birth: _____
Year: _____ Class: _____	Ethnicity: _____
Home Address: _____	
Parent / Guardian Name: _____	Parent / Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Email: _____	Email: _____
Mobile Number: _____	Mobile Number: _____
Home Number: _____	Home Number: _____
Work Number: _____	Work Number: _____

### **EMERGENCY CONTACTS**

Please give details of 2 Emergency Contacts, other than the Parent / Carers named above, who are authorised by you to be contacted with regards to your child:

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Address: _____	Address: _____
_____	_____
Tel No: _____	Tel No: _____

### **MEDICAL NEEDS / CONDITIONS / ALLERGIES**

Any medical needs / conditions? *(please detail)* \_\_\_\_\_

Medication needed: \_\_\_\_\_

Any food allergies?: *(please detail)* \_\_\_\_\_

#### **BREAKFAST CLUB**

7:45am to 8:45am Monday to Friday

#### **COST**

£4.00 per session

#### **Attendance**

I would like my child to attend on the following days: *(please tick the relevant boxes to indicate)*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

#### **TEA-TIME CLUB**

3:30pm to 6:00pm Monday to Friday

#### **COST**

£10.00 per session

#### **Attendance**

I would like my child to attend on the following days: *(please tick the relevant boxes to indicate)*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY



## COPPERMILL PRIMARY SCHOOL

### Breakfast and Tea-Time Club Agreement

BY ALLOWING: \_\_\_\_\_ (child's name) Class: \_\_\_\_\_

TO ATTEND THE BREAKFAST CLUB AND/OR TEA-TIME CLUB, I UNDERSTAND AND AGREE WITH THE FOLLOWING:

1. In order to ensure the best care for my child I need to give the Breakfast and/or Tea-Time Club up-to-date information regarding my child's needs, especially medical conditions and dietary requirements.
2. That the Breakfast Club and/or Tea-Time Club holds full insurance cover for accident and public liability.
3. That in the event of an accident or injury every effort will be made to contact me as soon as possible.
4. The safety and care of all children is the priority of the Breakfast Club and/or Tea-Time Club. However, should an accident occur which is the result of my child disregarding advice or instructions the Breakfast Club and/or Tea-Time Club cannot be reasonably held responsible.
5. That a high standard of behaviour is expected from the children attend the breakfast club. Therefore, if a child persistently misbehaves they may be given a period to 'cool down'. Continual or extremely bad behaviour will result in dismissal from the Breakfast Club and/or Tea-Time Club.
6. That the Breakfast Club and/or Tea-Time Club reserves the right to charge parents for any extra expenses incurred, due to disruptive behaviour.
7. To pay the fees via ParentPay and understand payment is due for all days booked even if my child does not attend apart from School closures such as School Inset Days and Bank Holidays.
8. That I will pay one week in advance for my child's Breakfast Club and/or Tea-Time Club place and I will maintain a credit balance at all times or my child's place may be withdrawn.
9. That should I fall into arrears of ***more than one week*** and fail to make a payment within five days of receiving a reminder letter, the breakfast club will withdraw my child's place.
10. That parent / carer and emergency contact details are kept up-to-date.

HAVING READ THE ABOVE I AGREE TO THE FOLLOWING:

- i. I agree in the case of an accident or injury that at the discretion of the staff any of the details given on the breakfast club and/or tea-time club application form can be given to the emergency services.
- ii. In the event of an accident or emergency when I cannot be contacted, I give permission for the staff to authorise urgent medical treatment to be given where necessary on my behalf.

I agree to the terms and conditions outlined above

Name: \_\_\_\_\_ (parent / carer)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### CONFIRMATION OF YOUR CHILD'S PLACE

We will email you confirming your child's place.