



Please return to:
*Bramcote Hills Primary School Moor Lane
Bramcote
Nottingham
NG9 3GE
Tel: 0115 9179226
sunrise@bramcotehills.notts.sch.uk*

Bramcote Hills Primary School Sunrise Breakfast Club



REGISTRATION and CONTRACT FORM

Personal details

Please print clearly

CHILD'S NAME:

DATE OF BIRTH:

CLASS:

1) _____ M ☐ F ☐ _____

2) _____ M ☐ F ☐ _____

3) _____ M ☐ F ☐ _____

HOME ADDRESS:

Is there a second address? NO ☐ YES ☐

POST CODE: _____

POST CODE: _____

TELEPHONE: _____

TELEPHONE: _____

EMAIL ADDRESS (Important for all correspondence): _____

Please tick the sessions you would like your child to attend.

MONDAY ☐
TUESDAY ☐
WEDNESDAY ☐
THURSDAY ☐
FRIDAY ☐

When would you like your child to start? _____

Office use only:

Date received _____ Receipt confirmed _____

Place offered _____ Place accepted _____

Start date _____ Info on comp. []

The Sunrise Breakfast Club will access the records that the school already holds for children and data will be shared between the school and the Club. However, because the Club may need to contact you before school hours, we need parents/carers to complete the sections below so that we can be certain we have the correct details for the time of day. These will also be added to the school system.

Please use the brackets to indicate the order in which you would like the contact numbers to be used, if we need to talk to you during Kids' Club time, 1,2 3 etc

MOTHER'S NAME: _____

PLACE OF WORK: _____

WORK ADDRESS: _____

WORK TELEPHONE: _____ []

MOBILE: _____ []

FATHER'S NAME: _____

PLACE OF WORK: _____

WORK ADDRESS: _____

WORK TELEPHONE: _____ []

MOBILE: _____ []

Further personal details - Use the back of the registration form if needed**▪ Who has legal parental responsibility for the registered child?**

Mother only [] Father only [] Both parents []

Other [] give details _____

▪ What is your child's first spoken language?

Does your child use any other spoken languages that you think we need to know about?

Additional contact person

In the event that we cannot contact either parent/carer, we will require an alternative contact person. This should be a relative or close friend who is known to the child and who would be willing and able to come and collect him / her if necessary.

CONTACT PERSON'S NAME: _____

RELATIONSHIP TO FAMILY: _____

ADDRESS: _____

TELEPHONE: _____

MOBILE: _____

For the following section, please answer all the questions. If this registration form is for more than one child, please make sure that you name the child concerned where there is any relevant information to pass on. Please use a separate sheet if there is a lot of information to share with us.

Does your child have any ALLERGIES? Please give details.

Does your child require a SPECIAL DIET while at the Sunrise Breakfast Club? Please give details.

Is there anything else you think we should know?

NAME of CHILD(REN): _____

PARENT/CARER AGREEMENT

I wish to register my child(ren) for a place at the Sunrise Breakfast Club

I understand that -

- I will be committed to paying for the sessions booked, even if my child is absent. There will be no reduction in fees for illness or other absences.
- The Club only runs when the school is open, therefore there will be no Club on inset days or other school closure days. There will be no charge made for these closure days.
- Fees are payable monthly, in advance and should be paid before the end of the preceding month.
- By being the person registering my child with the Club, I will be ultimately responsible for the payment of fees in full, even though a third party may, either regularly or from time to time, makes payments towards the fees.
- I must give 2 weeks notice if I wish to alter my child's attendance or withdraw my child from the Club. If I am unable to give 2 weeks notice, I shall still be liable for the fees due.
- I have read the 'General Information' pack and will abide by the requirements made within it.

I certify that the above personal information is correct and will ensure that the Club is notified of any relevant changes.

Payment for your child's/children's place(s) at the Sunrise Breakfast Club is via your child's individual sQuid account.

I understand that these details will be held securely and will only be used by the school for Breakfast Club or normal school purposes. We would like to communicate via email and where necessary, by phone, but require your permission to do so. We will always keep your information secure and never share it, except if required to do so by law.

Important: By ticking this box, you are consenting to us continuing to hold and process your data and send you information when required.

☐

SIGNED: _____ DATE: _____

NAME (BLOCK CAPITALS): _____

RELATIONSHIP TO CHILD/REN: _____