

St John's Primary School

La Rue De La Mare Ballam,

St John, Jersey, JE3 4EJ

Telephone: 01534 861692 Email: admin@stjohn.sch.je

Headteacher: Jamie Hazley



BREAKFAST CLUB REGISTRATION FORM 2023-2024

CHILD'S NAME(s)	YEAR GROUP
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MEDICATION DURING BREAKFAST CLUB (PLEASE CIRCLE OPTION AS APPROPRIATE)

I give / do not give permission for staff to authorise emergency medical treatment should it be necessary

If your child requires medication to be administered during Breakfast Club, please complete the appropriate medical forms (consent to administer a prescribed medicine/over the counter medicine) available from the School Secretary.

Is there any medical information that you feel we should be made aware of?

FOOD/DRINK/ACTIVITIES DURING BREAKFAST CLUB

Does your child suffer from any allergies that we should be made aware of?

Is there any food that you do not wish to be offered to your child?

Are there any activities that you do not wish to have your child participate in?

NUMBER OF DAYS PER WEEK REQUIRED	MON	TUE	WED	THUR	FRI	TOTAL COST
PLEASE TICK. £3.00 CHARGE PER DAY (£2.50 if siblings attend)						

PAYMENT TERMS: Full payment is required in advance before the start of each new half term upon invoice.

I understand/agree to the terms and conditions above.

Parent/Carers Name:

Signature:

Date: