

**JUMPING JACKS Breakfast Club**

**4 Westwood Hill, Sydenham SE26 6QR**

**CONTACT: JENNY WILLIAMS**

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**REGISTRATION FORM**

Should you wish to register your child for a place at Jumping Jacks Breakfast Club, please complete the application form using **BLOCK** capital letters. Only to guarantee a place for your child you will be required to submit a registration fee of £10 which will be deducted from the fees when your child starts.

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| **Date form completed:** |

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| **Which school does your child attend:**  |

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| --- | --- |
| **Child’s surname:** | **D.O.B:**  |
| **Child’s first name:** | **Male:**  |
| **Child’s middle name(s):** | **Female:**  |
| **Language spoken at home:** | **Religion:**  |
| **Hair colour:** | **Eye colour:** |
| **Mothers surname:** | **Forename:**  |
| **Mothers occupation:** | **Work number:** |
| **Mobile number:** | **Email:** |
| **Fathers surname:**  | **Forename:** |
| **Work number:** | **Work number:** |
| **Mobile number:** | **Email:** |

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| **Child’s full postal address:**  |

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| **Person(s) authorised to collect child(ren):**  |

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Tel:** | **Tel:** |

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| **Name of family doctor:** |
| **Surgery address:**  |
| **Tel:** |

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| **ILLNESS Please tick any that your child has had:** |

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| --- | --- |
| **Chicken pox** |  |
| **Scarlet Fever** |  |
| **German measles** |  |
| **Whooping cough** |  |
| **Polio** |  |
| **Diphtheria** |  |
| **Other:** |  |

|  |  |  |
| --- | --- | --- |
| **IMUNISATIONS:** | **YES** | **NO** |
| Whooping cough  |  |  |
| MMR |  |  |
| Meningitis C |  |  |
| HIB |  |  |
| Polio/Diphtheria/Tetanus |  |  |
| **ALLERIES**: |  |  |
| Milk |  |  |
| Nuts |  |  |
| Eggs |  |  |
| Wheat |  |  |
| Fish |  |  |
| Strawberries |  |  |
| Penicillin |  |  |
| **MEDICAL CONDITIONS**: |  |  |
| Diabetes |  |  |
| Eczema |  |  |
| Asthma |  |  |
| Fits |  |  |

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| **If yes please specify:**  |

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| **Details of any regular medication:**  |

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| **Dietary requirements:**  |

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| **DAILY AND WEEKLY RATES:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DAILY** | **WEEKLY** | **ADDITIONAL CHILD DAILY** | **ADDITIONAL CHILD WEEKLY** |
| £5  | £25 | £5 | £20 |

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| **WHATS INCLUDED** |
| **Breakfast: A menu will be on display the first day outlining what the children will be having, however this could be subject to change.****Giving your child stimulating care for each session.** **Taking your child to their local school.** |

**Please indicate below which days and weeks required:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

Please indicate how you heard about the breakfast club………………………………………………………...

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| I give full permission for my child (ren), to be taken to the hospital in the event of an accident. Within the breakfast club hours for medication or treatment to be administered by a doctor in my absence.Please sign here:  |

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| I give my full permission for any suitably qualified member of staff to take my child to school Please sign here: ………………………………………… |

Registration and booking fee each week is £10 and is non-refundable, but will be deducted from the fees

Fees are payable in advance or on Monday of each week.

Siblings receive a discount on normal fees.

Children need to be at the club **NO** later than 8.15am as school drop offs begin.

Once the fees are paid this cannot be refunded whether or not your child is in attendance, this also applies if the child leaves.

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| I agree to comply with your terms and conditionsPlease sign: …………………………… |