

**Registration Form for Breakfast and After School Club**

|  |  |
| --- | --- |
| **Child(s)/Children’s Name(s)** |  |
| **Class** |  |
| **Emergency contact name** |  |
| **Emergency contact relationship** |  |
| **Emergency contact number** |  |
| **Emergency contact email** |  |

Please tick which sessions you would like your child/children to attend.

**Breakfast Club**

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

**After School Club**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday – 4:30** | **Tuesday – 4:30** | **Wednesday – 4:30** | **Thursday – 4:30** | **Friday – 4:30** |
|  |  |  |  |  |
| **Monday – 5:30** | **Tuesday – 5:30** | **Wednesday – 5:30** | **Thursday – 5:30** | **Friday – 5:30** |
|  |  |  |  |  |

**If your child is attending after school club please provide the office with a password for collection**

**Password:……………………………………………**

I confirm that once I have confirmation my child has a place, I will pay for the sessions each month via my MCAS app (My Child At School). I have read the club information leaflet and understand I will be charged for sessions if my child does not attend.

Parent/Carer signature …………………………………………………………… Date …………………………………..