



Breakfast Club Registration Form

Full Name of Child:
Date of Birth:
Year Group:
Home Address:
Post Code:
Telephone:

Details of those with legal parental responsibility

Name:	Name:
Relationship to child:	Relationship to child:
Home telephone number:	Home telephone number:
Mobile telephone number:	Mobile telephone number:
Email :	Email :

Emergency Contact Details

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to child:	Relationship to child:

Does your child have any medical conditions or special dietary needs?

Allergies:	Dietary:
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To comply with Data Protection Act 1998 we need your permission before we can photograph or make any recordings of your child. Your child's photograph may be published by the Academy from time to time in our prospectus, in local newspapers, at Academy open events, on our website or on our Facebook page (in accordance with the Academy AUP policy).

Signature of Parent / Carer :	Date:
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Headteacher: Dr CA Pryer DL EdD MEd NPQH DipEd
 Deputy Headteacher: Mrs EJ Cafferty BEd NPQH

Breakfast Club Booking Form

Term:

Full Name of Child: _____ Year Group: _____ —

**Bookings are made a half term in advance Breakfast Club 7:15 am to 8:45 am £5.00 per session.
 Please tick the sessions you require**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
✓	✓	✓	✓	✓

**Please book my child into the breakfast club provision for the sessions stated above.
 I will contact the school office in advance if my child is unable to attend a session.**

**Refunds are not available for missed session.
 School will issue an invoice when processing this form which will detail how to make payment.**