



**St Ebbe's**

C of E (Aided) Primary School

*A place where children learn, grow and flourish.*

## Breakfast Club Registration Form

Name of Child				
DOB				
Child's Class				
Name or Parent / Guardian				
Email Address				
Contact Telephone Number				
Medical Conditions YES/NO				
Details:				
Allergies/Dietary requirements YES/NO				
Details:				
When would you like a place at Breakfast Club to start?				
Is your child entitled to free school meals? YES/NO				
How will you be paying for Breakfast Club?	Via ParentMail			
	Cash /cheque			
	Childcare Vouchers			
If you are planning to use childcare vouchers please provide details of the scheme you will be using				
Please circle which days you would like				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

I agree to the attached terms and conditions and have read and understood the charging policy.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to School Reception or email to [clubs@st-ebbes.oxon.sch.uk](mailto:clubs@st-ebbes.oxon.sch.uk)