

MONKFRITH BREAKFAST / AFTER SCHOOL CLUBS

ENROLMENT FORM

Child's details

Child's surname _____

Child's first name _____

Date of birth _____

Address _____

Parent/Carer's details

Mother/Guardian's name

Father's Guardian's name

Mother/Guardian's Address

Father's/ Guardian's address

Place of work and address

Place of work and address

Phone No. (day time)

Phone No. (evening)

Phone No. (day time)

Phone No. (evening)

Emergency Contact(other than parents or carers)

1. Name _____ Contact phone number _____
Relationship to child _____
Address _____

2. 2. Name _____ Contact phone number _____
Relationship to child _____
Address _____

Name of person who will normally collect your child

1. Name _____ Contact phone number _____
Relationship to child _____
Address _____

Medical Information

Name of doctor _____ Tel. _____
Address _____

Additional information ie special diets, allergies, health problems etc, or anything we should know about your child.

Booking Information for Breakfast Club

Start Date_____

- I would like my child to come to the club every week on these days:(please circle)

Monday Tuesday Wednesday Thursday Friday

OR

- I would like to my child to come to the club on an 'as and when' basis when places are available (Please tick)

Fees for Breakfast Club

Per child per session £4.00

Per week £ 20.00

Second and subsequent child per session £3.50

Booking Information for After School Club

Start Date_____

- I would like my child to come to the club every week on these days:(please circle)

Monday Tuesday Wednesday Thursday Friday

OR

- I would like to my child to come to the club on a 'as and when' basis when places are available (Please tick)

Fees for After School Club

Per child per session £6.50

Per week £ 32.50

Second and subsequent child per session £5.50

Unless you notify us in advance that you are not going to take up a reserved place, a cancellation charge of £4.50 shall be payable.

Signed _____ Parent/carer

Date _____

If in the event of a medical emergency we will try our very best to contact you, however if we cannot do so please sign below to confirm you give permission for your child to be treated by a medical professional (doctor, paramedic etc)

Signed _____ Parent/carer

Date _____

Please return this form to: Monkfrith After School Club
c/o Monkfrith Primary School, Knoll Drive, Southgate, N14 5NG

All forms must be received one week before you would like your child to start. This will ensure a place is available in the club.