



## Breakfast Club

**Brixworth C.E.V.C. Primary School**  
Froxhill Crescent, Brixworth, Northampton. NN6 9BG

Ofsted Reg no. 121964

Tel: 01604 883900

Website: [www.brixworthprimary.org.uk](http://www.brixworthprimary.org.uk)

- When :** Every school day from 7.30am to the start of school
- Where :** Small Hall
- Facilities :** We supply a nutritious breakfast, develop skills and provide play opportunities to the children.
- Cost :** £3.50 per session
- Payment:** Please pay via ParentMail
- Staff :** Miss Elfakir, Mrs Haynes, Mrs Bridges, Miss Illing
- Application Process:** Breakfast club is a very sought after club for many parents and it can often become oversubscribed. Therefore, please contact the school office in regards to place availability.
- Vouchers:** We accept various childcare vouchers.

## Days Requested:

### Breakfast Club

<b>Child's Full Name:</b>					
<b>Days:</b> Please circle days required	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Start Date:</b>					
<b>If variable pattern, please state:</b>					



# Admissions Form

## Breakfast Club

<b>Child's Full Name:</b>
<b>Name to be used at the club:</b>
<b>Date of Birth:</b>
<b>Gender:</b>
<b>School Attended:</b>
<b>Ethnicity:</b>
<b>Religion:</b>
<b>Languages Spoken:</b>
<b>Names of Parents/Carers:</b>
<b>Home Address:</b>
<b>Telephone Number:</b>
<b>Mobile Number:</b>
<b>Parents/Carers Place of Work:</b>
<b>Parents/Carers Daytime Telephone Number:</b>
<b>Other Emergency Contact Details:</b>
<b>Names of Persons Authorised to Collect Your Child (including contact numbers):</b>
<b>Doctor's Name:</b>
<b>Doctor's Address/Telephone:</b>

# Emergency Medical Treatment Form

Breakfast Club

**Child's Full Name:**

**Date of Birth:**

**Doctor's Name:**

**Doctor's Address:**

**Doctor's Telephone Number:**

**Any other relevant medical information** (ie: Allergies, family medical history etc):

**Names of Parents/Carers:**

**Home Address:**

**Emergency Contact Number:**

In the event that my child is involved in a serious incident while at the club, I expect the Manager, or a delegated member of staff, to contact me immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment before I will be able to get to Hospital, I hereby authorise the Manager, or delegated member of staff, to consent to emergency medical treatment on my behalf.

**Signature of Parent/Carer:**

**Date:**