**Breakfast Activity Club Registration Form**

Once your registration has been processed, you will be able to book any available spaces online via Scopay:

<https://www.scopay.com/login.html>

Please contact the school office if you require an access code to set up online payments via Scopay. Payment must be made at the point of booking, you will be able to book termly in advance. You will be notified via email of the date that future bookings will become available for each new term.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pupil Details** | | | | | | | | | | | | |
| **Childs Name:** | |  | | | | **Class:** | |  | | | | |
| **Email address for correspondence and notification of booking availability:** | | | |  | | | | | | | | |
| **Emergency Contact number’s:** | **1** | **Name** | | **Relationship** | | | **Telephone Number** | | | | | |
|  | |  | | |  | | | | | |
| **2** | **Name** | | **Relationship** | | | **Telephone Number** | | | | | |
|  | |  | | |  | | | | | |
| **3** | **Name** | | **Relationship** | | | **Telephone Number** | | | | | |
|  | |  | | |  | | | | | |
| **Does your child have any allergies, medical conditions or additional needs? (If yes, please provide further details below)** | | | | | | | **Yes** | | |  | **No** |  |
|  | | | | | | | | | | | | |
| **I confirm that I have received the Breakfast Club Information document and agree to the conditions stated.** | | | | | | | | | | | | |
| **Parent signature:** | | |  | | **Date:** | | | |  | | | |