

Child's Name:

After-school Club: £13.50 per session until 6pm



Treetops Registration Form

Please note this form registers your child for both Breakfast and After-School Club, but there is no obligation to use both clubs. It means you will have access to the booking system, Tucasi. You can choose to book regular sessions, or on an ad hoc basis, simply when you need it. You can book in advance, but are also able to book up to the day before for Breakfast Club or on the same day for After-School. Please note that any sessions not used will **not** be refunded. If you know in advance you will not use the place, you can move the booking to a different day.

Class (2023-2024 academic year):
Payment
Please indicate if you plan to use childcare vouchers or tax-free childcare to pay for breakfast club sessions, but ticking ONE of the three options below. This is important as it impacts how you will use the booking system:
☐ I wish to pay for sessions using tax-free childcare
$\hfill \square$ I wish to use childcare vouchers. The name of the provider is
☐ I will pay by card/bank transfer (not a childcare scheme)
For tax-free childcare or childcare vouchers: • First name and surname of adult: • Reference (if a specific one is provided):
Cost
Breakfast Club: £6 for the first child per session and £5 for each sibling, so £11 per session for two siblings.





Child's details

Child's I	Name		
Date of	Birth		
Year Gro	oup		
Home A	ddress		
First Em	nergency Contac	t's Name	
Relation	ship to Pupil		
Contact	No.	Work	
		Mobile	
Contact	email address		
Second	Emergency Con	tact's Name	
	ship to Pupil		
Contact	No.	Work	
		Mobile	
Please li or allerg	ist any medical gies.	conditions,	
	letail any dietar nents or food al		
requirer	nents of food at	nergies.	
Doctor's	s Name and Tele	nhana Na	
Doctors	, Name and Tele	phone No.	
I give permiss contacted.	ion for my childr	en to be take	n to hospital/doctors in an emergency if we cannot b
payment as sti		licy in advance	set out in the Breakfast Club Admissions Policy making. I understand that non-payment of the session fee ma
Signed _			
Date			
-			

Please return this form to the **School Office** or email a photo of the signed copy, or electronic version to admin@trinityoaks.surrey.sch.uk