



**PARK HILL
JUNIOR
SCHOOL**

**Stanhope Road
Croydon
CR0 5NS
Tel: 020 8686 8623
Head Teacher: Mrs A. Pratt
www.phjs.co.uk**

Monday 16th October 2023

Breakfast and After School Club - November 2023

Dear Parents/Carers,

From November 2023 onwards, there will be a change in the way the booking system will work for the extended day services.

All bookings will now need to be booked a year in advance, to ensure we do not go over our intake of **39 pupils**. Places are offered on a first come first serve basis- Once a club reaches capacity your child will be placed on a waiting list and you will be notified only once we can offer your child a place. With regards to payment, this does not need to be made in advance for the year; however you must ensure payment has been made before your child attends the session/s. If your account remains in debt after receiving reminders, your child will lose their place.

After listening to parents feedback we have decided that Breakfast Club will now go back to a pay as you go service, to ensure parents have the flexibility when it comes to work commitments or other situations that may arise.

To maintain our records on file are up to date (dietary/medical needs), please complete the form attached and return to either the staff at the breakfast/after school club, or to the front office and Park Hill Junior School.

If you have questions or would like to discuss any of the above, please contact me directly via email on extendeddayadmin@phjs.foliotrust.uk

Kind Regards

Sabrina Bryan

Extended Day Admin Manager

For After School Club bookings- Please tick what day/days your child will be attending.

Your booking will be secured from 1st November 2023-18th July 2023

Please answer the questions below as fully as possible in **BLOCK CAPITALS**.

Child's Surname: _____

Child's Forename: _____

Child's Class: _____

Parent 1 Surname: _____

Forename: _____

Contact Number: _____

Parent 2 Surname: _____

Forename: _____

Contact Number: _____

Emergency contact Surname: _____

Forename: _____

Contact Number: _____

Monday	Tuesday	Wednesday	Thursday	Friday

Dietary Needs:

Foods that must not be eaten for **MEDICAL OR RELIGIOUS** reasons?

Allergies: Does your child have any allergies? (e.g. Nuts/Fish)

GP Contact Details:

Name of Practice: _____

Address: _____

Telephone Number: _____

MEDICAL CONDITIONS:

Eczema

Asthma

Diabetes

Epilepsy

Haemophilia

Sickle Cell

Severe Allergies

Hearing problems

Visual impairment

Any other Medical Conditions or Mental Health Concerns that the school should know about?

DOES YOUR CHILD HAVE AN EPIPEN?

YES/NO

Parent/Carer signature. _____

Date: _____