



Breakfast Club Registration Form

Surname	Forename	Date of Birth
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Name of person(s) usually collecting child

Parent/Guardian Name	Address	Telephone
		Work: Home: Mobile
		Work: Home: Mobile
Email address		

Alternative Emergency contacts

Name	Relationship to child	Telephone
		Work: Home: Mobile
		Work: Home: Mobile

Does your child have any medical condition

	Please tick appropriate box	
	Yes	No
Asthma, Eczema, Hayfever Epilepsy, Diabetes?		
Allergies to anything?		
Special Dietary requirements?		
Special Needs?		
Anything else the club supervisor should be aware of?		

If any questions are answered **YES** please provide details below and speak with Mrs Mousley about how these will be managed in Breakfast club

I/We grant permission for	Yes*	No
Staff to seek medical attention for my child in an emergency		
My child to be photographed in the club for press/promotional purposes		
My child to use the school's Ipad		

Signature..... Print Name..... Date.....

My Child will attend Breakfast Club on (Please circle days and times)

Monday Tuesday Wednesday Thursday Friday

£3.00 per session per child