

Emergency Contact Information		
Full Name:	Relationship to child:	Contact Telephone Number
1.		Home: Mobile:
2.		Home: Mobile:

Medical Details	
GP Surgery:	Telephone Number:
Does your child have any medical condition/disability that we should be aware of i.e. asthma, epilepsy or allergies?	
Does your child have any specific dietary needs or food intolerances we should be aware of?	
Any other medical information we should be aware of?	

Registration Details					
I would like my child to attend Breakfast Club on the following days:	Monday	Tuesday	Wednesday	Thursday	Friday
The days in which my child attends Breakfast Club may change due to my working pattern.	If yes, please supply additional information.				
YES	NO				

Consent (please tick)	
I confirm that the information above is correct to the best of my knowledge and I understand that it is my responsibility to inform school of any changes.	
I have read and understand the Breakfast Club information leaflet and know that it is my responsibility to adhere to the terms and conditions within it.	

Signed: _____ Date: _____

Relationship to child: _____

Office use only:

Form received	
Place allocated	
Added to waiting list	