

Breakfast Club Registration Form



Name:	D.O.B.	Class:
Address:		Telephone Contact:
<p>Emergency Contact Details:</p> <p>1. Name..... Relationship to child.....</p> <p> Contact home..... Work..... Mobile.....</p> <p>2. Name..... Relationship to child.....</p> <p> Contact home..... Work..... Mobile.....</p>		
Allergies:		
Medication/ Health Requirements:		
Any further information:		
GP Name and address:		Contact telephone number:
I give permission for Breakfast Club staff to contact emergency services or request medical advice in the event of an emergency.		Signed:
I give permission for my child's photograph to be taken and be used in school.		Signed:
I give permission for my child's photograph to be taken and used on the school website.		Signed: