



Breakfast Club Registration Form

1. CHILD'S DETAILS

Child's Name _____ Known as _____
(if appropriate)

Date of Birth _____ Male/Female

Address _____

_____ Postcode _____

2. PARENT/CARER DETAILS

A.) Parent/Carer Name(s) _____

Address (if different from above) _____

_____ Postcode _____

Telephone Numbers **Home** _____ **Work** _____

Mobile _____

B.) Emergency Contact (in addition to contacts above)

Name _____

Address _____

Telephone Numbers **Home** _____ **Work** _____

Mobile _____

3. MEDICAL/SPECIAL NEEDS: Does your child have any medical conditions, special requirements, allergies, regular medication?

Please circle your category

Working Parents

Non-working parents

Single Parents

Looked After Child

Signed Parent/Carer _____ Date _____