



### Breakfast Club Registration Form

(Please complete this and return to the school office with your booking form)

Child's Name ..... D.O.B ..... Year Group.....

Preferred name:..... Home address:.....  
.....

Full Name of Parent/Guardian with whom the child resides ..... Title .....  
..... Title .....

Emergency Contact Details of all people who may be contacted

Name	Relationship	Please tick if this person has parental responsibility	Telephone Number

Child's Doctor:

Details of any Special Dietary Requirements or Allergies:



Details of any regular medication:

Details of any Significant Health Issues (including a special educational need and/or physical disabilities statement):

The Breakfast Club takes place in the School Mobile Classroom from 7.30a.m. Parents are expected to accompany their children into the School Mobile to register their arrival. The School does not accept responsibility for any of the children prior to their registration.

Signed ..... Date .....