



Breakfast Club Registration Form

Child's Full Name				
Date of Birth				
Class				
Name of parent/carer				
Contact number(s)				
Name of person(s) regularly dropping off child if different from above				
Contact number(s)				
Emergency contact, should parent/carer be unavailable (7.40-8.45am only)				
Contact number(s)				
Doctor's surgery				
Doctor's contact no.				
Medical information e.g. allergies etc.				
Dietary information e.g. food allergies, vegetarian				
Requested food substitutes for allergies e.g. soya milk				
Regular attendance: Please indicate which days your child will attend the breakfast club by ticking on the boxes below.				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Breakfast Club Registration Form

- This registration form must be completed before a child can attend the breakfast club.
- All normal school rules apply at the breakfast club.
- All breakfast club rules must be adhered to at all times (see separated documentation) to ensure the safety and well-being of the children.
- There will always be at least one First Aid trained member of staff on duty at the club, who will administer basic first aid as and when required.

Consent

*I agree to pay £3 per session and £2 for each additional sibling (within one week of attending the session). Sessions run from 7.30-8.45am daily.
**Rates are subject to change in the future.*

I consent to my child receiving medical treatment in an emergency.

I agree that my child will adhere to the breakfast club rules.

I understand that the breakfast club cannot accept responsibility for my child's possessions or valuables whilst he/she is attending the club.

It is my responsibility to keep staff at the club updated of any changes to the information supplied on the Registration Form.

Parent/carer's full name

Signature

Date



Love God, Love Thy Neighbour