



Breakfast Club Registration Form



Child Details

First Name		Home Address	
Surname		Postcode	
Date of Birth			

Parent / Contact 1

First Name	
Surname	
Date of Birth	
Home Address inc postcode <small>(if different from above)</small>	
Telephone (home)	
Mobile	
Email Address	
Telephone (work)	
Employer's Name and Address	

Parent / Contact 2

First Name	
Surname	
Date of Birth	
Home Address inc postcode <small>(if different from above)</small>	
Telephone (home)	
Mobile	
Email Address	
Telephone (work)	
Employer's Name and Address	

Emergency Contact 3

First Name	
Surname	
Relationship to Child	
Home Phone	
Mobile	

Emergency Contact 4

First Name	
Surname	
Relationship to Child	
Home Phone	
Mobile	

It is essential that all contact details are completed and that in case of an emergency we will be able to contact someone.

Does your child have any special dietary/physical/educational needs? Yes / No

if yes, please give details below

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Does your child have any allergies/intolerances? Yes / No

if yes, please give details below

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Does your child have any medical problems, eg. asthma, eczema, etc and/or are they taking any regular medication? Yes/No

if yes, please give details below

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I/We consent to the employees of Breakfast Club:-

Please tick to show your consent

Sharing/collecting information with/from St Andrew's Infant / Junior School	<input type="checkbox"/>
Applying a plaster to my child should the need arise	<input type="checkbox"/>
In the event of an accident or an emergency for a trained first aider or medical practitioner to seek necessary emergency medical advice or to administer any emergency treatment that my child requires	<input type="checkbox"/>

I certify that the information given above is true and correct	
Signed	Date