**Breakfast Club**

**Registration Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child Details** | | | | |
| First Name |  |  | Home Address |  |
| Surname |  |  |
| Date of Birth |  |  | Postcode |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent / Contact 1** | | |  | **Parent / Contact 2** | |
| First Name | |  |  | First Name |  |
| Surname | |  |  | Surname |  |
| Home Address inc postcode  (if different from above) | |  |  | Home Address inc postcode  (if different from above) |  |
| Telephone (home) | |  |  | Telephone (home) |  |
| Mobile | |  |  | Mobile |  |
| Email Address | |  |  | Email Address |  |
| Telephone (work) | |  |  | Telephone (work) |  |
| Employer’s Name and Address | |  |  | Employer’s Name and Address |  |
|  | |  |  |  |  |
| **Emergency Contact 3** | | |  | **Emergency Contact 4** | |
| First Name |  | |  | First Name |  |
| Surname |  | |  | Surname |  |
| Relationship to Child |  | |  | Relationship to Child |  |
| Home Phone |  | |  | Home Phone |  |
| Mobile |  | |  | 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

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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 |  |
| Applying a plaster to my child should the need arise |  |
| 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 |  |

|  |
| --- |
| **I certify that the information given above is true and correct**  **Signed ……………………………………………… Parent/Carer Date……………….** |