**BREAKFAST CLUB**

**REGISTRATION FORM**

**DETAILS OF CHILD**

**Forename:** ………………………………………….. **Surname:** ……………………………………………

**Class:** …………………………………………………..

**Medical / allergies / dietary special needs**: (attach additional notes if necessary)

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

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|  |  |  |
| --- | --- | --- |
| **PARENT /CARER DETAILS:** | **CONTACT 1** | **CONTACT 2** |
| **Parent / carer name** |  |  |
| **Relationship to child** |  |  |
| **Home address** |  |  |
| **Telephone Number** |  |  |
| **Mobile Number** |  |  |
| **Workplace /** **contact number** |  |  |

**ALTERNATIVE EMERGENCY CONTACTS DETAILS FOR THE TIMES DURING BREAKFAST CLUB:**

|  |  |  |
| --- | --- | --- |
| **NAME**  | **RELATIONSHIP**  | **TEL No.** **(including mobile)** |
| **1.** |  |  |
| **2.** |  |  |

**I give consent for the Breakfast Club staff to seek medical emergency advice and treatment for my child in the event that I cannot be contacted.**

**Signed**: ………………………………………………………………………….…

**Parent / Carer**

**Name**: ……………………………………………………………………………. **Date**: ………………………………….