



BREAKFAST CLUB REGISTRATION FORM

Child's Details					
First Name		Surname		What s/he likes to be called	
Date of Birth and current age:		First Language:		Current year group:	
Parent/Guardian Details					
Title:	First Name:	Surname:	Title:	First Name:	Surname:
Home Address:			Home Address (if different):		
Does this child normally live at this address? Yes/No			Does this child normally live at this address? Yes/No		
Work Address:			Work Address:		
Home Number:	Mobile No:	Work Number:	Home Number:	Mobile No:	Work Number:
Email Address:			Email Address:		
Does this person have parental responsibility? yes/no			Does this person have parental responsibility? yes/no		
<p>Does anyone else have parental responsibility for this child? Yes/No (If yes, provide details on separate sheet.)</p>					
<p>Are there any legal contact arrangements that we need to be aware of? Yes/No (If yes, provide details on separate sheet.)</p>					



Emergency Contact Details		
(please provide the details of 2 people who we can contact if we are unable to get hold of you)		
Name:	Telephone Number:	Mobile Number:
Address:		Relationship to the child:
Name:	Telephone Number:	Mobile Number:
Address:		Relationship to the child:
Childs Doctor		
Surgery and Name of Doctor:		
Address:		Telephone Number:
About Your Child		
Please detail any additional needs your child has: (please provide full details, use a separate sheet of paper if required)		
Please detail any dietary requirements/ food allergies for your child: (please provide full details)		

In the event that my child is involved in a serious accident I expect to be contacted immediately on the above telephone numbers. In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health & safety of my child on my behalf.

Name of Parent/Carer.....

Signature of Parent/Carer.....

Date:.....