Breakfast Club – Registration Form

Child's Name: …… **Gender**: Male **or** Female

Ethnicity: …… **Home Language:** ……

Date of Birth: …… **Age:** ……

Name of Teacher & Class: ……

Name of Parent / Carer: ……

Tel No & Address: ……

Name of Emergency Contact & Tel No: ……

Child's Food Allergies: ……

Medical Information: ……

Additional Important Information: ……

GP Name & Tel No: ……

Parental Consent to photograph your child? Yes **or** No

I hereby give permission for my child's photograph be taken: (please sign and date below)

I hereby consent to any emergency medical treatment necessary during the course of the scheme. I therefore authorise any of the staff to sign on my behalf any written form of consent required by the hospital authorities, should the delay required to obtain my signature be considered likely as endangering my child's health and safety.

Parent Signature: ..... **Date:**

…….

Please tick which days of the week you want your child to attend breakfast club**.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Payment fees are on a pay as you go scheme, by CASH ONLY (subject to change.) Please remember to inform us immediately if any of you and/or your child's information changes.

Thank you,

The Breakfast Club Team

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