



Breakfast Club Registration form
2014

Child's Name _____

Date of Birth ____ / ____ / ____

Address

Town _____ Postcode _____

Home Tel. (Optional) _____ Mobile *Essential* _____

Name of Parents / Guardians

Family Doctor _____ Contact number _____

Medical Conditions, Health issues or allergies(if any)

_____ eg. Asthma, Hay fever, allergies

Details of any Special Dietary Requirements, Allergies:

Any Other Relevant Information: Please include your child's food preferences



Emergency contact details

Emergency Contact 1

Name _____

Relationship to child _____

Telephone No. _____ Mobile No. _____

Work _____

Emergency Contact 2

Name _____

Relationship to child _____

Telephone No. _____ Mobile No. _____

Work _____

Emergency Contact 3

Name _____

Relationship to child _____

Telephone No. _____ Mobile No. _____

Work _____

Please sign clearly where permission is given.

I give permission for-

- ✚ A qualified first aider to give my child medical attention including their prescribed medicine and if required to; accompany him/her to hospital. (Green medical form needs to be completed for prescribed medication)_____

- ✚ My child to have chocolate cereals and chocolate spread for a treat_____

- ✚ Photographs/video's to be taken of my child and used in school_____
- ✚ Photographs/video's to be taken of my child and used in the local community_____
- ✚ Photographs/video's to be taken of my child and used in the newspaper_____

- ✚ Consent for your child to have supervised internet access

Signature of Parent/Carer: _____

Date _____

Would you like to meet with the clubs Supervisor prior to your child starting the club? (This can be arranged at a time to suit you)
YES/NO?

I would be happy to complete a questionnaire in the future_____

Thank you for taking the time to complete the forms, Miss Dowling ☺
