



Registration form for Breakfast Club

Child's name					
Child's date of birth					
Days Required (Please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Parent / carer's name					
Address					
Contact details	Home: Mobile: Work: Email address:				
Emergency contact	Name of emergency contact if different from above: Contact number:				
Any medical information (including any medication taken)					
Any dietary requirements (including food allergies / intolerances)					
Photographic consent <i>Please confirm whether your child is allowed to have photos taken of them which may be used on the school website</i>	I give permission for my child to be photographed <input type="checkbox"/> I do not give permission for my child to be photographed <input type="checkbox"/>				
Payment method (please tick one) <i>School Gateway for children at the Infants School only If paying with Childcare vouchers, please state which scheme you use</i>	School Gateway		Childcare vouchers		Cash / Cheque
Signature of parent / carer					Date