

BREAKFAST CLUB REGISTRATION FORM

THE FOLLOWING INFORMATION IS TOTALLY CONFIDENTIAL AND WILL BE HELD AS LONG AS IS NECESSARY TO SUPPORT BREAKFAST CLUB BOOKINGS.
PLEASE ADVISE US IMMEDIATELY OF ANY CHANGES.

PERSONAL DETAILS OF YOUR CHILD

*Name:		
*Date of birth:	Age:	Class:
*Address:		
*Post Code:		

CONTACT DETAILS – IN PRIORITY OF CONTACT ORDER

*Name:		
*Relationship with Child:		
*Mobile Phone:	*Home Phone:	*Work Phone:
*Name:		
*Relationship with Child:		
*Mobile Phone:	*Home Phone:	*Work Phone:

MEDICAL CONDITIONS

Does your child have any medical conditions that we need to be aware of? Yes/No If yes please give details:
Does your child take regular medication? Yes/No If yes please give details:

DIETARY INFORMATION

Does your child have any allergies? Yes/No If yes please give details:

SPECIAL NEEDS

Does your child have any disability or special educational needs? Yes/No If yes please give details:

DAYS REQUIRED (please tick)

Monday	Tuesday	Wednesday	Thursday	Friday
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SIGNATURES

I confirm that I agree to all the Breakfast Club terms of provision and agree to pay in advance for this.	
Full Name:	Relationship to child:
Signature:	Date:

*Information fields marked with an asterisk are mandatory, all other information is voluntary but will be used to ensure the safety and welfare of your child.