



Registration Form

Child's Full Name				
Date of Birth				
Class				
Name of player/carer				
Contact number(s)				
Name of person(s) regularly dropping off child if different from above				
Contact number(s)				
Emergency contact should parent/carer be unavailable (8.00-8.45 only)				
Doctor's surgery				
Doctor's contact number				
Medical information e.g. allergies etc./ any medication your child takes				
Dietary information e.g. food allergies/intolerances etc.				
Regular attendance: Please indicate which days your child will attend Breakfast Club by ticking the boxes below				
Monday	Tuesday	Wednesday	Thursday	Friday
Casual attendance: If you are not expecting your child to attend Breakfast Club regularly, please tick the box				