



Registration Form - Breakfast & After School Club

Child's Name D.O.B

Address

..... Post Code.....

Class

Emergency Contact Telephone Numbers

1.

Home..... Mobile

Work Place of Work

2.

Home..... Mobile

Work Place of Work

Medical conditions

Dietary Needs

Doctors Telephone

Signed Parent/Guardian

Consent Form - Breakfast & After School Club

I give consent for staff members to take my child on visits and play outside in the school grounds.

Signed Date.....