

ARNBROOK PRIMARY SCHOOL – BREAKFAST CLUB

REGISTRATION FORM

CHILD'S SURNAME _____ FORENAME _____

D.O.B. _____ OTHER NAMES _____ GENDER _____

ADDRESS _____

TEL.NO. _____ MOBILE NO. _____

PARENT(S)/GUARDIAN(S)/PERSON(S) WITH PARENTAL RESPONSIBILITY

MOTHER/GUARDIAN

FATHER/GUARDIAN

NAME _____

ADDRESS _____

TEL.NO. _____

EMERGENCY CONTACTS:

NAME _____ TEL.NO. _____

ADDRESS _____

NAME _____ TEL.NO. _____

ADDRESS _____

Family Doctor details

Name _____ Tel. no. _____

Address _____

Please indicate any disability and/or necessity to take medication during session time, e.g. asthma/diabetes/epilepsy –

Dietary requirements _____

I give my permission for photographs to be taken within the after school breakfast club setting for use on website/publications: _____

I give my permission for a member of staff to obtain urgent medical treatment which may include surgery, to proceed without delay for an acute condition or for the alleviation of pain: _____

I have read and understood the Breakfast Club booklet: _____

Signed _____ Date _____

(Parent/guardian/or person with parental responsibility)