

## Breakfast Club Registration Form

Child's Full Name:	Date of Birth:
Class/Teacher:	Age:

Child's Address:
Email Address:

Parent/Carer name(s):		
Daytime Telephone Numbers:	Home:	Mobile:

Ethnicity (please tick)			
White-British	Asian or Asian British	Mixed (White & Black Caribbean)	Mixed (White & Black Caribbean)
Irish	Indian	Caribbean	White & Black African
Traveller of Irish Heritage	Pakistani	African	White & Asian
Gypsy/Roma	Bangladeshi	Chinese	Any other mixed background
Any other white background	Any other Asian background	Any other background	

Any other ethnic background:
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**Please give 3 names and telephone numbers of people who can be contacted in an emergency and have permission to collect your child;**

Name:	Relationship to Child:	Mobile Tel Number:	Home Tel Number:

Person(s) NEVER to collect your child (staff can only enforce this if there is a court order in place):			
Name:		Relationship to child:	



**Please give us the following medical information:**

Doctors Name and Address:	Doctors telephone number:
Date of last tetanus injection:	
Dietary Requirements:	
Allergies:	
Health:	
Other:	

**Please tick the relevant box so we know we have/not your consent in the following:**

	Yes	No
I consent to my child receiving medical treatment in the case of an emergency.		
I authorize staff of the club to sign any written form of consent required by the health authorities, if a delay in getting my signature is considered by doctors to endanger my child's health.		
I consent to my child being photographed for the club's notice board and newsletters which may be used on the school website.		
I agree to abide by the policies and procedures of the club.		

**Please tick what days you require**

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Parent/Carer's full name:

Parent/Carer's signature:

Date: