

**Breakfast Club Registration Form**

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| Child’s Full Name |  |
| Child’s Date of Birth |  |
| Class |  |
| Emergency Contact Details(Club hours only) | Name:Work No:Home No:Mobile No: |
| Parent/Carer email address |  |
| Medical Conditions |  |
| Allergies (including food allergies) |  |

I consent to my child receiving first aid and emergency medical treatment.

I confirm that I have read and understood the Allergen Information and agree to abide by the breakfast club Terms and Conditions

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_