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REGISTRATION FORM 2020-21

All children who attend Breakfast Club must be registered with us. Any information provided will be treated as confidential. Please keep the club updated with any change in personal details. Please inform the Breakfast Club direct of any messages, changes etc. This registration form will be reissued annually.

Sessions to attend:

	Mon	Tues	Wed	Thurs	Fri
AM					

Childs Name (in full):

Name to be used at club:

Date of Birth:

Gender: Female/Male

Child's home address:

Name of child's teacher:

Name of parent or main carer:

Does this person have parental responsibility for the child?

Yes/No

Does this person have legal responsibility for the child?

Yes/No

Address (if different to child):

Primary Telephone Number:

Alternative Telephone Number:

Place of Work:

Work Telephone Number:

Name of second parent or carer:

Does this person have parental responsibility for the child?

Yes/No

Does this person have legal responsibility for the child?

Yes/No

Address (if different to child):

Primary Telephone Number:

Alternative Telephone Number:

Place of Work:

Work Telephone Number:

If main and secondary carer are not available do you have an alternative emergency contact?

Emergency Contact

Name:

Number:

I authorise this person to collect my child from club in case of emergency.

Signed by parent/carer:

Name of child's doctor:

Telephone number:

Address:

Does your child have any specific health requirements?

Yes/No

If yes, provide details:

Does your child have any specific dietary needs?

Yes/No

(E.g. food allergies, likes and dislikes, cultural preferences)

If yes, provide details:

Does your child have any specific requirements?

(E.g. IEP's behaviour plan, physical or medical impairments)

Yes/No

If yes, provide details:

Please provide any other information that you feel might be important, including reaction to allergy and any additional needs not mentioned above:

Please circle which of the following your child has been immunised against:

Polio

Mumps

Measles

Meningitis

Whooping cough

HIBs

Rubella

Tetanus

Consent

Please circle the following:

I consent to my child having prescribed medicines administered when I have completed the appropriate permission forms.

Yes

No

I consent to my child having their photograph taken for use on the school website and social media.

Yes

No

I consent to my child watching U and PG certificate DVDs.

Yes

No

I understand that these consents will remain valid unless I contact the setting to withdraw them.

Signed: _____ Date: _____