BREAKFAST CLUB REGISTRATION FORM

DETAILS OF CHILD:

SURNAME:	FORENAMES:
DATE OF BIRTH:	
ADDRESS:	
MEDICAL CONDITIONS INCLUDING ANY ALLERGIES:	
REGULAR MEDICATION REQUIREMENTS:	
SPECIAL DIETARY NEEDS:	

DETAILS OF PARENTS:

NAME OF PARENT/CARER 1:	NAME OF PARENT/CARER 2:
EMERGENCY CONTACT NUMBERS:	EMERGENCY CONTACT NUMBERS:
NAME OF CONTACT 3:	NAME OF CONTACT 4:
EMERGENCY CONTACT NUMBERS:	EMERGENCY CONTACT NUMBERS:

I confirm I have parental responsibility for the above named child and wish to register him/her for the Four Marks C of E Primary School Breakfast Club. I agree to update you immediately in the event of any changes to contact details or medical history.

Signed: _____ Parent Name: _____

Date: _____