A blue and yellow logo

Description automatically generated

ALL SAINTS BREAKFAST CLUB

REGISTRATION FORM

|  |  |
| --- | --- |
| Child’s Name: | Class |
| Address: | DOB |
| Parents Name: |  |
| Contact Numbers: |  |
| Email: |  |

|  |  |
| --- | --- |
| Please provide details of alternative contacts for your child in case we cannot contact you in the unlikely event of an emergency. | |
| Name: | Name: |
| Address: | Address: |
| Tel No: | Tel No: |
| Relationship: | Relationship: |
| Does this person have permission to pick up your child?  YES/NO | Does this person have permission to pick up your child?  YES/NO |

|  |  |
| --- | --- |
| Please tell us if your child  Has any medical conditions  or allergies: | |
| Please give us the name  and dose of any medication: | |
| Please tell us if your child  has any special dietary  requirements: | |
| Please tell us if your  Child has any special needs: | |
| Doctor’s  Name: | Contact  Number: |
| Signed:  Parent/Guardian | Date: |