

 ALL SAINTS BREAKFAST CLUB

 REGISTRATION FORM

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

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| 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 |

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| Please tell us if your childHas any medical conditionsor allergies: |
| Please give us the nameand dose of any medication: |
| Please tell us if your childhas any special dietary requirements: |
| Please tell us if yourChild has any special needs: |
| Doctor’s Name: | ContactNumber: |
| Signed:Parent/Guardian | Date: |