



BREAKFAST AND AFTER SCHOOL CLUB REGISTRATION FORM

CHILD'S DETAILS

| | | | |
|----------------|-----------------|---------------|--|
| Forename: | Surname: | Home address: | |
| Date of birth: | First language: | | |

PARENT'S/CARER'S DETAILS

| | | | | | |
|--|----------------|--|--------------|----------------|--------------|
| Forename: | Surname: | Forename: | Surname: | | |
| Home address: (if different to child's) | | Home address: (if different to child's) | | | |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Does this parent/carer have parental responsibility? | Yes/No | Does this parent/carer have parental responsibility? | Yes/No | | |

EMERGENCY CONTACTS/AUTHORISATION TO COLLECT DETAILS

(please provide details of two people we can contact if we are unable to contact parent/carer)

| | | |
|--------------|------------------------|--------------|
| Name: | Relationship to child: | |
| Home number: | Mobile number: | Work number: |
| Name: | Relationship to child: | |
| Home number: | Mobile number: | Work number: |

ABOUT YOUR CHILD

Please detail any additional/special needs your child has:

Please detail any dietary requirements or food allergies your child has:

What are your child's favourite activities?

Signature of Parent/Carer:

Date: