

Chase Lane Primary School

Breakfast Club registration form

Please complete a form for each child. Children must be in full-time education at the school where the Breakfast Club is based. If you have any queries or require help with the form, please contact the School Office.

Completed forms should be returned to the School Office together.

School _____	Class _____
Child's name _____	Date of birth _____
Home address _____	
Telephone _____	

<p>1</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Parent's/Carer's name and relationship to child _____ _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Work address _____ _____ Telephone _____ </div>	<p>2</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Parent's/Carer's name and relationship to child _____ _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Work address _____ _____ Telephone _____ </div>
--	--

Please give details of any people, other than people named above, who are authorised by you to collect the child :-

1 Name and relationship to child _____
 Address _____
 Telephone _____

2 Name and relationship to child _____
 Address _____
 Telephone _____

In case we cannot reach any of the above people, please give details of a person who can be contacted in the event of any emergency, for example grandparent or neighbour (person needs to be contactable between 7.45 am and 8.55am) :-

3 Name and relationship to child _____
 Address _____
 Telephone _____

<i>Details of child's Doctor :-</i>		
Doctor's name	Doctor's address	Doctor's telephone number
Does your child have any known medical problems (please list)		
Does your child have any known allergies, intolerances or major dislikes (i.e. foods or materials)?	Allergies :- Intolerances :- Dislikes :-	
Any other medical information		

I consent to any emergency medical treatment necessary during the running of the club. I authorise the Breakfast Club staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Signed parent/guardian _____
Date _____

I would like my child to start at the Breakfast Club on (date) _____
 and attend on the days indicated (please tick relevant boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday
7.45am session					

Signed parent/guardian _____