

## Breakfast and After School Club REGISTRATION FORM

	to register for my child to	attend:
	-	Breakfast Club
	-	After School Club Both Breakfast and After School Club
Child's Name: DOB:		
1.	Parent/Guardian details:	
	Name:	
	Address:	
	Contact details: Home:	Mobile:
	Work:	
2.	Emergency contacts (who also have permission to collect your child/ren (please provide 3):	
	Name:	
	Phone/mobile number:	
	Name:	
	Phone/mobile number:	
	Name:	
	Phone/mobile number:	
Medi	cal / Allergy Requirements	
I agre	e to the Terms and Condit	ons of Breakfast and After School Club.
Signa	ture of Parent/Guardian	Date :
PLEAS	SE NOTIFY US IF ANY DETAI	LS CHANGE
	My sessions are likely to My sessions are likely to	be regular (use REGULAR BOOKING FORM) change on a monthly basis (use MONTHLY BOOKING FORM)