

## Breakfast and After School Club REGISTRATION FORM

Please familiarise yourself with the booking procedure set out in the terms and conditions. Please complete the sections below and return to the school office before your child's first session.

Child's	Name:	DOB:
1.	Parent/Guardian details:	
	Name:	
	Address:	
	Contact details: Home:	Mobile:
	Work:	
2. Emergency contacts (who also have permissic		n to collect your child/ren (please provide 3):
	Name:	
	Phone/mobile number:	
	Name:	
	Phone/mobile number:	
	Name:	
	Phone/mobile number:	
Medic	al / Allergy Requirements/ Dietary:	
l confi	rm I have read and agree to the terms and cond	itions of Breakfast and After School Club.
Signature of Parent/Guardian Date :		
PLEAS	E NOTIFY US IF ANY DETAILS CHANGE	