



St. Benedict's Catholic Primary School

Breakfast Club Registration Form

Child's Details

| | | |
|-------|---------------------|----------------|
| Name: | Current Year Group: | Date of Birth: |
|-------|---------------------|----------------|

I wish to register my child for Breakfast Club

Parent/Carer Details

| | |
|-------------------|-------------------|
| Name: | Name: |
| Home address: | Home address: |
| Telephone Number: | Telephone Number: |
| Work Address: | Work Address: |
| Telephone Number: | Telephone Number: |
| Mobile Number: | Mobile Number: |
| Email Address : | Email Address: |

Alternative Emergency Contact Details

(Please provide details of at least one other person we can phone if we are not able to contact you)

| | | |
|----------|------------------------|---|
| Name: | Relationship to Child: | Mobile Number: Other Telephone Number: |
| Address: | | |

| | | |
|---------|------------------------|---|
| Name: | Relationship to Child: | Mobile Number: Other Telephone Number: |
| Address | | |



St. Benedict's Catholic Primary School

Details of Child's Doctor

| | |
|----------------------------|--------------------------|
| Name of Doctor: | |
| Address of Surgery: | Telephone Number: |

About Your Child

| |
|---|
| Please detail any additional/special needs: |
| Please detail any medical needs including details of any medication: |
| Please detail any allergies: |
| Please detail any dietary requirements: |
| Any additional information: |



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Terms and Conditions

- I understand that should there be any incidents at Breakfast Club involving my child, I will be informed of the situation.
- I confirm that the information given on this form is correct and agree to notify the club of any changes in detail.
- Places are allocated on a first come, first served basis and the club can accept a maximum of 20 children per session.
- Children attending the club must be handed over to Breakfast Club staff, and be signed in, by a responsible adult, no earlier than 8am each day at the Breakfast Club entrance. At 8.40am children will be taken to their class.
- I understand that the school has policies and procedures and there are expectations and obligations relating to the conduct of myself and my child and I agree to abide by them. I understand that failure to do so will mean that my child will no longer be able to attend the club.
- I will pre-pay for sessions even when my child does not attend.
- I have read and, in signing this form, accept the above conditions for my child attending the Breakfast Club and have read and agree to the Breakfast Club Policy.

Signature of Parent/Carer: _____ **Date:** _____

Please print name: _____