



St Mary's Breakfast Club Registration Form

Child's Personal Details	
Name	
Date of Birth	
Home Address	

Parent / Carer 1	
Name	
Address (if different)	
Contact telephone number	

Parent / Carer 2	
Name	
Address (if different)	

Medical Information	
Food allergies or dietary needs	
Allergies (other than food)	
Medical conditions	

Additional Information	
Any information that you feel will support us to provide the best care	

Permissions		
Emergency medical treatment including first aid	Yes	No
Photographs for display in school	Yes	No
Photographs for display in school newsletters or website	Yes	No

Sessions Required				
Monday	Tuesday	Wednesday	Thursday	Friday

“I/We (the undersigned) accept full responsibility for the payment of all session fees and confirm that I/We have read the Terms and Conditions booklet.”

	Printed name	Signature	Date
Parent / Carer 1			
Parent / Carer 2 (if applicable)			