BREAKFAST CLUB REGISTRATION FORM

1st Child's Full Name:		**Class:**	
2nd Child's Full Name:		**Class:**	
3rd Child's Full Name:		**Class:**	
Address:			

Please give telephone numbers of responsible adults we can contact in an emergency between 8-9am:

1st Contact Name **Mobile:** **Home:** **Work:**	
2nd Contact Name **Mobile:** **Home:** **Work:**	

Does your child have any special dietary requirements?

Vegetarian ☐ **Nut Allergies** ☐ **Dairy/Lactose Intolerance** ☐

Any other dietary needs or allergies?
(Please specify - for example: allergic to strawberry jam or peanut butter)

	Yes	**No**	**Any additional information:**
Is your child asthmatic?			
Is their medication held by the school?			
Does your child have an EPIPEN in school?			

Signed …… **Date** ……
Parent/Carer