

**Great and Little Shelford CE (A) Primary School Breakfast Club  
Registration Form**

**Childs Details**

First Name:	Surname:	Date of Birth and Current Age:
What they like to be called:		First Language:

**Parents/Guardian Details** (Please inform us if either parent does not have legal parental responsibility)

Title:	First Name:	Surname	Title:	First Name:	Surname
Home Address:			Home Address:		
Work Address:			Work Address:		
Home Number:	Mobile Number:	Work Number:	Home Number:	Mobile Number:	Work Number:
Email Address:			Email Address:		

**Alternative Emergency Contact Details** (please provide the details of at least one person we can contact if we are not able to get hold of you)

Name:	Telephone number:	Mobile Number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile Number:
Address:		Relationship to the child:

**Details of Childs Doctor**

Name of Doctor:	
Address:	Telephone:

**About your Child**

Please detail any additional/special needs your child has: (please provide full details and continue overleaf if necessary)

Please detail any medical needs your child has: (please provide full details and continue overleaf if necessary. If medication is needed an additional medication form will need to be completed)
Please detail any allergies your child has: (please provide full details)
Please detail any dietary requirements for your child: (please provide full details)
What are your child's favourite activities?
Is there anything your child doesn't like (food, games etc) or is scared of?
Any additional information:

I consent for my child to attend this breakfast club; I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and my child and agree to abide by them.

I give permission for a trained member of staff to administer appropriate first aid if required.

I give permission for The Playleader/workers of The Breakfast Club to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.

I confirm that the information given on all forms is correct and agree to notify the school office staff of any changes in detail.

I understand that the information given on this registration form is confidential.

I give permission for the setting to share information with other professionals as appropriate.

I have read and accepted the above conditions for my child attending The Breakfast Club.

Signature of Parent/Carer

Date