

**ST AIDAN'S PRIMARY SCHOOL
BREAKFAST CLUB REGISTRATION FORM**

Child's Name:		
Gender:		
Date of Birth:		
Class:		
Days you require Breakfast Club (Please circle)		MON TUES WED THURS FRI
Mother's Name:		
Contact Phone Numbers	Home	
	Office	
	Mobile	
Email address:		
Father's Name:		
Contact Phone Numbers	Home	
	Office	
	Mobile	
Email address:		
Family Home Address:		
Name / Emergency contact Number:		

Please give your consent for us to take your child to the nearest Emergency Department should your child have any accident or become ill whilst attending After School Club. Please also include any additional information that we may need to share with the paramedics should this situation occur.

Print Name:

Signature:

Please include with your referral any further information concerning your child's needs, including any Special Needs, Medical Conditions and Dietary Requirements.

Behaviour Statement

Children are expected to behave in accordance with St Aidan's behaviour policy. If a child demonstrates inappropriate behaviour, the Headteacher has the right to withdraw that child.

Signed:	
Please Print Name:	
Relationship to Child:	
Date:	

Should any of the above information change, please inform a member of the Breakfast Club Immediately.

24 hour's notice is required for any cancellation.