



## Early Morning Drop Off Registration Form

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

### Emergency Contact Information

1<sup>st</sup> Contact Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Does your child have a Health Care Plan: Yes / No

I recognise that the level of supervision cover is similar to that provided at school playtimes and lunch times and that my child needs to co-operate with supervisors to make this facility work. My child's non-co-operation will lead to their invitation to make use of the service being withdrawn.

I recognise that no breakfast will be given and that my child needs to eat at home before coming to school.

Signed: ..... Parent/Carer : .....