



Breakfast Club Registration form

1 st Child' Full Name:		Class:	
2 nd Child's Full Name:		Class:	
3 rd Child's Full Name:		Class:	
Address:			
Please give details of two responsible adults whom we can contact in an emergency between 7.45am and 9am . Please ensure you inform your nominated emergency contact and have obtained their permission for their details to be held by the school for emergency contact only.			
1 st Contact name:			
Mobile:			
Home:			
Work:			
2 nd Contact Name:			
Mobile:			
Home:			
Work:			
Please outline any special dietary requirements of your child/children:			
Medical Information about your child/children. Any conditions requiring medical treatment including medication YES/NO If yes please provide details:			
Signed.....			
Date.....			
Parent/Guardian			