Breakfast Club Registration Form

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| Child’s Name |
| Child’s Address |
| All parents/carers names and addresses  (if different) |
| Telephone numbers |
| Medical Needs  Please list below any medical needs or conditions related to your child |
| Dietary Needs  Please list below any allergies or dietary needs relating to your child |
| Are you using this facility:   * Because you are a working parent * Member of Staff * Child is a recipient of Pupil Premium / EHCP and other (please state) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Please indicate the days you will be using this facility this half term  Monday  Thursday  Tuesday  Friday  Wednesday |