

CRANFORD PRIMARY SCHOOL BREAKFAST CLUB
REGISTRATION FORM

CHILDS NAME GENDER.....

ETHNICITY MOTHER TONGUE.....

DATE OF BIRTH AGE.....

NAME OF TEACHER/CLASS.....

NAME OF
PARENTS/CARERS.....

HOME ADDRESS

.....

TELEPHONE NO.BETWEEN 7.30 am – 9.00 am.....

MOBILE TELEPHONE NO.

NAME OF ALTERNATIVE CONTACT (IN CASE OF EMERGENCY) AND
RELATIONSHIP TO CHILD

ADDRESS

.....

.....

TELEPHONE NUMBER

DAYS YOUR CHILD ATTENDS - MON. TUES. WED. THURS. FRI.

BREAKFAST WILL BE PROVIDED IS THERE ANYTHING YOUR CHILD
DOES NOT EAT OR IS ALLERGIC TO?

.....

IS THERE ANY SPECIAL INFORMATION YOU FEEL STAFF SHOULD
KNOW ABOUT YOUR CHILD E.G SPECIAL NEEDS/MEDICATION.

.....

.....

NAME OF CHILD'S DOCTOR.....

ADDRESS OF CHILD'S DOCTOR.....

.....
TELEPHONE NUMBER

MEDICAL NUMBER.....

ANY KNOWN MEDICAL PROBLEMS, ALLERGIES, ETC.

.....

.....

.....

.....

OCCASIONALLY PHOTOGRAPHS MAY BE TAKEN IN THE BREAKFAST CLUB, PLEASE SIGN BELOW IF YOU HAVE **NO** OBJECTION TO THESE BEING USED IN PUBLICITY MATERIAL FOR THE BREAKFAST CLUB.

I GIVE CONSENT TO PHOTOS OF MY CHILD TO BE USED AS MENTIONED ABOVE

DATE

ADDITIONAL INFORMATION YOU FEEL WE SHOULD KNOW.

.....

.....

.....

.....

THANK YOU FOR YOUR CO-OPERATION

PLEASE REMEMBER TO INFORM US IMMEDIATELY SHOULD ANY OF THIS INFORMATION CHANGE.

PLEASE RETAIN ONE COPY FOR REFERENCE AND RETURN THE OTHER TO US AS SOON AS POSSIBLE.

All information given on these forms will remain confidential.