**BREAKFAST CLUB REGISTRATION**

**2023 - 2024**

**One form per child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S DETAILS** | | | | |
| **FULL NAME** |  | | | |
| **HOME ADDRESS** |  | | | |
| **SCHOOL AND CLASS** |  | | | |
| **DATE OF BIRTH** |  | | | |
|  | | | | |
| **PARENT 1** | | **PARENT 2** | | |
| **FULL NAME** |  | **FULL NAME** |  | |
| **HOME ADDRESS**  **(state ‘as above’ if same as child)** |  | **HOME ADDRESS**  **(state ‘as above’ if same as child)** |  | |
| **PHONE NUMBERS** |  | **PHONE NUMBERS** |  | |
| **EMAIL ADDRESS** |  | **EMAIL ADDRESS** |  | |
| **EMERGENCY CONTACTS**  **Please ensure you notify us immediately of any changes to contact information.** | | | | |
| **Name:** | | **Relationship to child:** | | |
| **Address:** | | **Emergency Contact Telephone Numbers:** | | |
|  | | | | |
| **Name:** | | **Relationship to child:** | | |
| **Address:** | | **Emergency Contact Telephone Numbers:** | | |
| **MEDICAL INFORMATION** | | | | |
| **Please state all relevant medical information (allergies, pre-existing injuries etc.):** | | | | |
| **Does your child need to take medication whist attending the club? (if yes, a request to administer medines form must be completed):** | | | | |
| **Are there any foods or drinks your child is not allowed to consume? If yes, please list:**  **Due to (please circle or highlight): preference religion allergy other** | | | | |
| **CONSENT** | | | | |
| **Drop off**  **I** will buzz the school front door on arrival and wait for my child to be admitted by a member of the Breakfast Club. | | | | **YES/NO** |
| **Medical Treatment**  I give my consent for 1st aid to be administered to my child. | | | | **YES/NO** |
| **Hospital Treatment**  In the case of an emergency, if the school is unable to contact me, I give my consent for my child to be taken to hospital for treatment. | | | | **YES/NO** |
| **School Minibus**  I agree for my child to be transported to Stockcross Primary School on the school minibus. | | | | **YES/NO** |
| **Payment**  I confirm that I will pay my invoice in full within 14 days of receiving my invoice or penalties may apply. Invoices will be distributed at the end of each half term. | | | | **YES/NO** |
| **Booking**  I understand that bookings must be made by emailing the school office, deadline for new bookings is 2pm the day prior. Bookings can be made by emailing [office@welford.w-berks.sch.uk](mailto:office@welford.w-berks.sch.uk). Unless bookings are cancelled by the same deadline they will be charged. | | | | **YES/NO** |
| **Other**  Please use the space below to provide any further information on your child/family circumstances that staff should be aware of. | | | | |

Signed: …………………………………. Date: ……………………………..