



**BREAKFAST CLUB
REGISTRATION FORM**

CHILD'S NAME D.O.B.

Address

.....

.....

Post Code Home Telephone No:

PARENT/GUARDIAN

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Telephone No: Mobile:

Emergency Telephone Number (if different from above)

Days you would like your child to attend

Monday	Tuesday	Wednesday	Thursday	Friday	Amount

Charge per child each day []

MEDICAL CONDITIONS (Which you think school should be aware of.)

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Signed Date