

Breakfast Club Registration Form



PUPIL SURNAME			
PUPIL FORENAME			
CLASS / YEAR GROUP		ENTITLED TO FREE SCHOOL MEALS?	Y / N

PARENT/ CONTACT INFORMATION

PARENT 1 CONTACT INFORMATION				
TITLE		FORENAME		SURNAME
RELATIONSHIP TO CHILD				
TELEPHONE NUMBERS		HOME: _____ WORK: _____ MOBILE: _____		
E-MAIL ADDRESS				

PARENT 2 CONTACT INFORMATION				
TITLE		FORENAME		SURNAME
RELATIONSHIP TO CHILD				
TELEPHONE NUMBERS		HOME: _____ WORK: _____ MOBILE: _____		
E-MAIL ADDRESS				

DIETARY / MEDICAL INFORMATION – Attach an extra sheet if necessary	
Medical: (Inc. GP details and medical conditions)	Dietary inc allergies

Will an adult be dropping the pupil at Breakfast Club? (See policy)	YES / NO
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Signature _____ Date _____

Name (please print) _____ Relationship to child: _____