**Breakfast Club / After School Club**

**Registration Form**

Date of registration:

Child’s Details

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | Surname: | Date of birth: | Class |

**Parent/Guardian details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | First name: | | Surname | | Title: | First name: | | Surname | |
| Home address: | | | | | Home address (if different): | | | | |
| Home number: | | Mobile number: | | Work number: | Home number: | | Mobile number: | | Work number: |
| Email address: | | | | | Email address: | | | | |

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# Emergency Contact Details

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

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# Child’s Doctor

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details |
| Is there anything your child doesn’t like (food, games etc) or is scared of? |
| What are your child’s favourite activities? |

**Signature of Parent/Carer Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_