



Trinity St Mary's C of E VA Primary School

Breakfast Club Registration Form

Child's Details

Child's Name: _____

Date of birth: _____ Year Group: _____

Preferred Start Date: _____

Days Attending:

Mondays/Tuesdays/Wednesdays/Thursdays/Fridays/Ad Hoc (anything other than weekly)

Parents/Carers Details

Parent/Carers Name: _____

Telephone No: _____ Email address: _____

Parent/Carers Name: _____

Telephone No: _____ Email address: _____

Emergency Contacts

Please give details of persons who can be contacted in an emergency, if parents are unavailable. Please place them in the order in which you wish them to be contacted:

Name: _____

Telephone No: _____ Relationship to child: _____

Name: _____

Telephone No: _____ Relationship to child: _____

Medical Information

Please supply full details of any medical requirements/conditions:

Are there any medicines your child takes regularly eg for asthma or life threatening conditions eg. allergic reaction requiring epi-pen?

Please note that no medicines can be administered without prior consent.

Please indicate if your child suffers from any allergies:

Any other information which may be relevant to ensure that the Breakfast Club meets your child's needs:

Consent to Emergency Medical Treatment

I consent to any emergency medical treatment necessary during the course of my child's attendance at the afterschool club. I therefore authorise the staff to sign on my behalf any written form of consent required by the medical authorities concerned should the delay required to obtain my signature be considered by the medical authorities likely to be prejudicial to my child's health and safety.

Yes/No (Please circle your response)

I have read and accept the Terms and Conditions of the breakfast club.

Signature of Parent/Guardian:

 Date:

Print Name:
