

Turnfurlong Infant School Breakfast Club

REGISTRATION FORM CONFIDENTIAL

Child's full name:

Date of birth: Age: Male/Female

Address:
.....
.....

Home Telephone number

Email address

EMERGENCY CONTACTS:

Please complete at least two, including parents' details.

Contact No 1:

Name: Mr/Mrs/Miss/Ms

Address:
.....
.....

Daytime phone number:

Relationship:

Contact No 2:

Name: Mr/Mrs/Miss/Ms

Address:
.....
.....

Daytime phone number:

Relationship:

Contact No 3:

Name: Mr/Mrs/Miss/Ms

Address:
.....
.....

Daytime phone number:

Relationship:

Child's doctor

Name: Phone Number:

Address:
.....

Special Dietary Needs:

.....
.....

Medical Information:

.....
.....

Please circle which days you would like your child to attend the club

Monday Tuesday Wednesday Thursday Friday

PREFERRED START DATE

I have read and understood the Terms and Conditions of booking a place at the Breakfast Club and agree to abide by them.

Signed: Print Name

Date: