**Registration form for Sacred Heart Catholic Primary Breakfast Club**

**Child details**

|  |  |  |
| --- | --- | --- |
| Name | Current year group | D.O.B. |

**Parent / Carer details**

|  |  |  |
| --- | --- | --- |
| Name / Relationship | Home Address | Telephone |
| Name / Relationship | Home Address | Telephone |

**Please specify any medical needs including details of medication**

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**Please detail any known allergies**

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**Please detail any dietary requirements**

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|  |

I give permission for a member of staff to administer appropriate first aid if required.

I give permission for a member of staff to seek any necessary or emergency medical advice or treatment in the event that my child needs it.

I understand that the information given on the registration form is confidential.

I will complete a new registration form if any of the above details change.

Signature of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_