**Breakfast Club Registration Form 2024- 2025**

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| --- | --- | --- | --- | --- |
| Child’s first name |  | | Surname |  |
| Address |  | | | |
| Post Code |  | | Date of Birth |  |
| **Mother’s Details** | | | **Father’s Details** | |
| Name |  | | Name |  |
| Mobile Number |  | | Mobile Number |  |
| Work Number |  | | Work Number |  |
| Email |  | | Email |  |
| Childcare Voucher Provider (if paying via CCV) | | |  | |
| Government Tax-Free Childcare Scheme Ref | | |  | |
| Please let us know if either parent is a shift-worker and you require flexible arrangements for Breakfast Club attendance | | | | Yes / No |
| Doctor’s Name | | Address and telephone number | | |
|  | |  | | |

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| Does your child have any particular needs we should be aware of? e.g. medical (special diets, allergies, health issues), Physical or Educational |
|  |

* **I consent to my child receiving medical treatment in an emergency.**
* **I confirm that I have read and agree to the Breakfast Club Terms and Conditions.**
* **I confirm that the information I have provided is correct.**
* **I understand that I must notify the school immediately if there is any change to these details.**
* **I understand that Breakfast Club cannot accept responsibility for children’s possessions or valuables whilst they are attending the club.**

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| --- | --- | --- |
| **Parents Full Name (please print)** |  | |
| **Signature** |  | **Date** |