



# Breakfast Club / After School Care

## CHILD INFORMATION REGISTRATION FORM

CHILD'S NAME: ..... DOB .....

ADDRESS: .....

### EMERGENCY CONTACT NUMBERS:

1. NAME: .....

NUMBER: .....

2. NAME: .....

NUMBER: .....

### ANY MEDICAL CONDITIONS OR DIETARY/ALLERGY REQUIREMENTS:

.....

Name of Doctor .....

Surgery Address & Telephone Number

.....

**Parent/Carer Agreement** :- I have read & agree to the terms and conditions of St Mary's School's Breakfast Club and/or After School Care  (Please tick)

Signed.....Date...../...../.....

Print name.....