Gainford C of E Primary School Extra Time Club
Breakfast Club
Registration Form

A Registration Form should be completed for **each child** and returned to the school.

Parent's Details

Name of Child:	Name of Child:
Parent:	Parent:
Home telephone no:	Home telephone no:
Work telephone no:	Work telephone no:
Company/work name:	Company/work name:

Emergency Contact

Name:_____

Address:_____

Telephone no:_____

Relationship to child_____

Medical Details

Child's Doctor: _____
Address; _____
Telephone no: _____

Does your child have any special diet, health problems, allergies etc? Yes No
Is there anything else the supervisor should know about your child? Yes No
(If the answer is yes to either questions please list on the back of this sheet)

I give permission for medical advice to be sought for my child in the event of an emergency.
I agree that I will **personally** ensure my child is handed over to the Club Supervisor.
I will ensure that Breakfast club staff will be notified of any changes to the information on this form.
Tel no in case of emergencies only (not to be used for booking purposes)

Signed:_____ Parent/Carer Date:_____