

# Beehive Breakfast Club Registration Form

Please complete all forms and turn to Purbrook Infant School office

PLEASE USE BLOCK CAPITALS

Name of child: ..... Class: .....

To be known as: ..... Date of Birth: .....

Address: .....

Post Code: ..... Tel: .....

Please indicate the date your child will be starting the club: .....

Please tick the sessions you wish your child to attend. Each child in the family must register separately.

Each session is 7.45 am – 8.45 am

Monday	Tuesday	Wednesday	Thursday	Friday

Parent/carer name: ..... Relation to child: .....

Mobile number: ..... Parent/carer employer: .....

Employer's address: ..... Employers Tel: .....

Parent/carer name: ..... Relation to child: .....

Mobile number: ..... Parent/carer employer: .....

Employer's address: ..... Employers Tel: .....

Name, address and telephone number of family GP:

.....

..... Tel: .....

Please give details of any medical conditions or medicines your child uses regularly. If you wish Breakfast Club to administer medicines/inhalers to your child we need written permission on the Administration of Medicines and Treatment Consent Form. We cannot give medicines without written permission.

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Children will be provided with a healthy breakfast. If there are any food/drinks your child should not have for any reason, please specify:

.....

Please provide two emergency contact numbers to be used if other numbers given are unobtainable.

1. Name: ..... Relation to child: .....

Home telephone No: ..... Mobile: .....

2. Name: ..... Relation to child: .....

In order to ensure your child's safety, all persons unknown to the staff will be required to give your child's individual password. This password should be stated here.

Individual child's password is : \_\_\_\_\_

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I give permission for first aid to be administered to my child in a medical emergency.

**I agree to give four week's notice if I reduce the number of days my child attends the club or I withdraw my child from the club. I note that payment will be expected during this four week notice period.**

Signed: ..... Parent/carer Date: .....

FOR OFFICIAL USE ONLY

Waiting list: ..... Date: .....

Monday	Tuesday	Wednesday	Thursday	Friday