

# 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: .....

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. Late payment fees apply.**

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



I understand that the information given will be held securely and will only be used for school administrative and financial purposes.

FOR OFFICIAL USE ONLY

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

Monday	Tuesday	Wednesday	Thursday	Friday