



# The Coombes Breakfast Club

REGISTRATION FORM - CONFIDENTIAL

Surname: ..... First: .....

Name by which child prefers to be addressed (if different from above): .....

Home address: .....  
.....

Date of birth: .....

Full name of first parent/guardian: .....

Telephone: Home: ..... Daytime: ..... Mobile: .....

Name and address of child's GP: .....  
..... Telephone: .....

Is there any medical condition or recurring complaint which the Supervisor should be aware of (e.g: asthma, eczema, hayfever, epilepsy, diabetes etc): .....

Is your child allergic to anything? .....

Does your child have any dietary requirements? .....

Does your child have any special needs? .....

Is there any other information you would like to provide? .....

Breakfast Club sessions required (circle as appropriate):

**MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY**

Start Date: .....

I give my permission for staff to seek medical attention for my child in an emergency  
I give my permission for my child to be photographed for club or press for promotional purposes

Yes/No  
Yes/No

**Sessions will be confirmed by Breakfast Club.**

Signed: ..... (person with parental responsibility) Date: .....

Please return the completed form to the School Office.