

Breakfast Club Registration Form

Name of Child _____

Address _____

Date of Birth _____

Name of Parent/Carer _____

Address _____

Telephone Number _____

Please list any dietary/medical/cultural requirements:

I hereby give my consent for any emergency treatment to be given to my child.

I agree to the above and wish my child to attend Aslacton Primary School
Breakfast Club.

Signed: _____ Date: _____