**KINGSWODE HOE SCHOOL EXTENDED SERVICES**

**THE BREAKFAST CLUB REGISTRATION AND BOOKING FORM**

|  |  |  |
| --- | --- | --- |
| Child’s details: | | |
| Name: | DOB: | Year: |

|  |  |  |
| --- | --- | --- |
| Parent/carer’s contact details: | | |
| Name: | | |
| Home tel: | Mobile: | Work tel: |
| Email: | | |

|  |  |  |
| --- | --- | --- |
| Other Emergency Contact Details: | | |
| Name & Address: | | Relationship: |
| Home tel: | Mobile: | Work tel: |
| Email: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Booking form:  Tick the box to indicate the session(s) you wish your child to attend: | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Medical and Dietary Information | |
| Child’s name: |  |
| Name of child’s doctor: |  |
| Doctor’s address: |  |
| Doctor’s telephone number: |  |
| Please list any medical conditions (e.g. asthma): | |
| Please list any medical allergies (e.g. allergic to penicillin): | |
| Please list any dietary/food allergies (e.g. dairy): | |

|  |
| --- |
| First Aid Consent:  To give your consent, please tick the boxes: |
| I give permission for first aid to be carried out on my behalf by a trained first-aider.  I consent to any emergency medical treatment necessary during the running of the  club. |

In signing this form, I declare the information to be true and accurate. I have read the Terms and Conditions of Kingswode Hoe School Breakfast Club and agree to follow its policies and procedures.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_