**KINGSWODE HOE SCHOOL EXTENDED SERVICES**

**THE BREAKFAST CLUB REGISTRATION AND BOOKING FORM**

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

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

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

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

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| 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): |

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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_