

Breakfast Club Registration Form

Please complete one form per child and return to school office. A reminder that by signing up for Breakfast Club, you are aware that this will be for all **5 days and an option for part-time is unavailable.**

Child's Details

Name	Year group	DOB

Parent/Carer Details

Name:	Name:
Home Address:	Home Address:
Telephone:	Telephone:
Work Address:	Work Address:
Telephone:	Telephone:
Mobile Number:	Mobile Number:
Email Address:	Email Address:

Alternative Emergency Contact Details (please provide details of at least one other person we can phone if we are not able to contact you)

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number

Name	Relationship to Child	Mobile Number
Address		Other Telephone Number:

Details of Child's Doctor

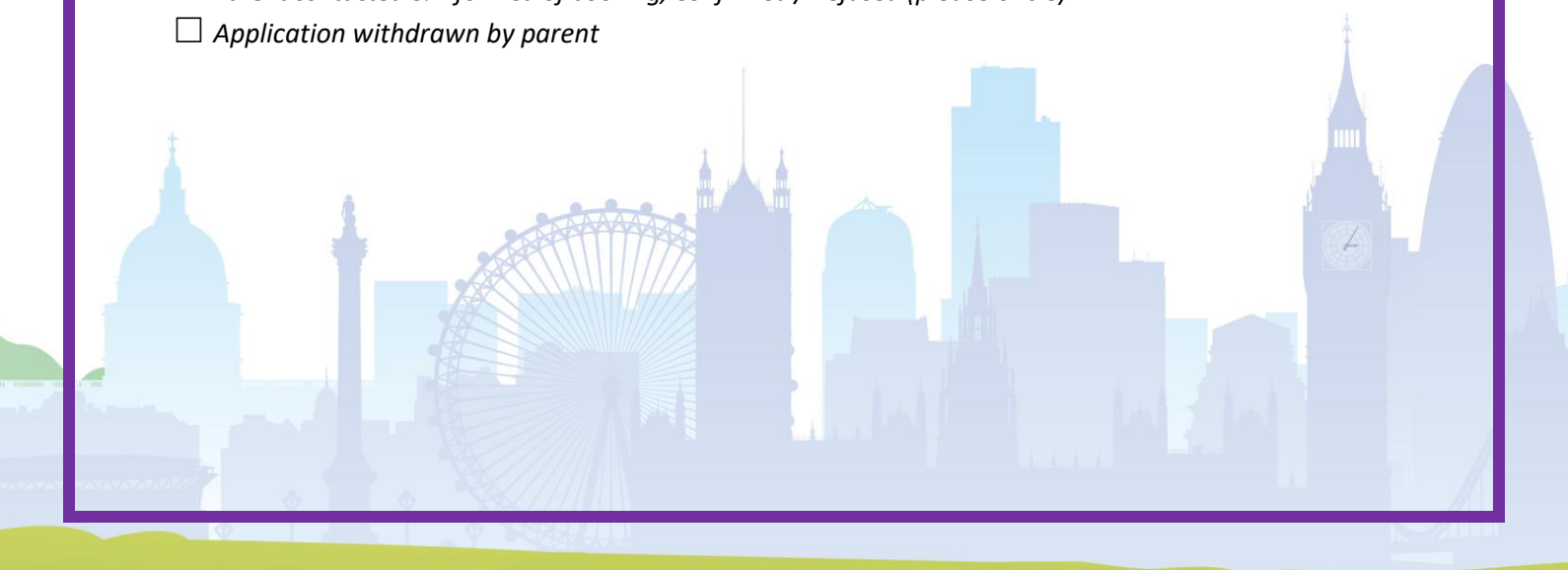
Name of Doctor-	
Address of Surgery	Telephone Number

About Your Child

Please detail any additional/special needs:
Please detail any medical needs including details of any medication:
Please detail any allergies:
Please detail any dietary requirements:
Any additional information:

For school office use

- ☐ 'One week credit advance' paid & receipt attached
- ☐ Parent contacted & informed of booking; Confirmed / Refused (please circle)
- ☐ Application withdrawn by parent



Parent and Carer Declaration

In signing this form, I confirm that the information I have provided is true, complete and accurate and I agree that I have read, understand and accept the terms and conditions* of this Extended Day provision.

**available from the school office and via the Parents page of the Shoreditch Park Primary School website*

I (print your first and last name) _____ agree to the Shoreditch Park Primary School Extended Day Policy.

Signature:

Date:

