

Squirrel Breakfast Club Registration Form

Child's Personal Information.	
Child's Surname	Forenames:
Date of Birth:	Gender:
Home Address:	
	Post Code
Telephone	Email

Parent/carers name: (Please state Dr/Mr/Mrs/Miss/Ms/other)
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Emergency Contact information Please list in priority order:		
Name	Relationship to child	Telephone Number
Medical Information: (Please include food allergies)		Medication taken

Child's Doctor: Address:	
	Post Code
	Telephone numbers

Medical Consent: I give my consent to my child receiving appropriate first aid and for emergency medical treatment to be administered, including anaesthetic if recommended by a medical practitioner.	
Signed: _____	Date: _____

My child will be attending on:

Monday	Tuesday	Wednesday	Thursday	Friday
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each week.
Fees must be paid **IN ADVANCE**
at the beginning of each term.

I understand I will give 3 week's notice of withdrawal from Squirrel Breakfast Club

Signed:

Date: