

# Holywell Primary School Breakfast Club Registration & Booking Form

## Registration Details

<b>Child's Full name</b>	
	<b>M / F</b>
Date of Birth	
Age	
Child's Class	

<b>Name of Parents</b>	
Home Address	
Home Phone	
Mobile Phone	
Work Phone	
Email address	

**Emergency contact - IMPORTANT: Who can we contact if we cannot reach you?**

Name	
Home Phone	
Mobile Phone	

Details of significant health issues, allergies or medical history likely to affect the care of the child:
Details of any medication held in school eg Epi Pen / Inhalers:
Details of any additional support/care that may be needed:
Specific dietary requirements or food allergies or significant food & drink preferences:
Any other relevant information that will help us to best care for your child:

Sessions requested:	am / pm (please circle)
Please tick	<b>Monday</b> <b>Tuesday</b> <b>Wednesday</b> <b>Thursday</b> <b>Friday</b>

**Start Date:**

**Parent / Carer Signature:** .....

**Date:** .....