

Holbrook Primary School's Breakfast Club

Registration Form

Child's name Date of Birth

Parents' Names

Address

Home Telephone Number Mobile.....

Contact Telephone Numbers:

Contact 1 Relationship to child

Contact 2 Relationship to child

Medical Information (confidential)

Doctor's Name and Address.....

..... Telephone

Date of last tetanus injection.....

Details of any known medical condition (including allergies)

.....

Please list any medication your child regularly takes..

.....

Booking Details

Please record here the days which your child will be attending Holbrook Primary School's Breakfast Club (if known).

Monday Tuesday Wednesday Thursday Friday

Varying days to be booked in advance

When do you wish your child to start attending?