



BREAKFAST AND AFTERSCHOOL REGISTRATION FORM

Name of child Date of birth

Address

Postcode Home telephone number

Mother's full name

Address

Mobile number

Father's full name

Address

Mobile number

Please provide any relevant information regarding family circumstances (e.g. separation, divorce, step parent/s details)

Who will normally collect your child from Barrow Extra Club

Emergency contact details

Emergency contact 1

Name..... home number

Mobile number..... work number

Emergency contact 2

Name..... home number

Mobile number..... work number

Doctor's name and address

Medical details Please advise of any information regarding your child's health such as hearing or speech difficulties, any medical conditions such as asthma, epilepsy, allergies, etc

Please confirm that medication is held in school **Yes / No** (delete as appropriate)

Dietary requirements Please advise of any dietary requirements such as allergies, vegetarian, forbidden foods due to religious observance etc.

I am aware that sessions must be booked and paid for online via Parentmail and in advance.

Signed..... (Parent/Guardian)

Name..... Dated