



# BREAKFAST CLUB

GARBOLDISHAM CHURCH PRIMARY SCHOOL

## REGISTRATION FORM

**This form must be completed by the Parent/Carer and returned to the leader before attendance begins.**

Child's name:		Date of birth:	
Address:			
Home Telephone No:		Mobile No:	
Contact No between 7:30am – 9:00am:			
<p><b>Please ensure this information is up to date at all times. A temporary contact number can be left at any time</b></p>			
Alternative emergency contact:			
Name:		Relationship to child:	
Contact No:			
<p><b>Important information – is there anything the leader should know about your child eg food allergies, health issues etc</b></p>			
Name of Doctor:		Practice:	
Telephone No:			
Print Name:		Date:	
Signed:			

