



Beardall Fields Primary and Nursery
Breakfast Club Membership Form

Child's Surname

Forename(s)

Date of birth

age

Class & Teacher's name:

Home Address:

Post code:

Home phone no.....

Mobile phoneName.....

Mobile phone Name.....

Parent/Carer's name

Employer Work tel no.....

Additional Parent/Carer's name Address (if different from above)

Employer Work tel no

In the case of an emergency we will contact a parent as stated above, if unavailable, please give two further contact details (ie grandparents, other relatives or close friends/neighbour)

1st Emergency contact name Tel No

2nd Emergency contact name Tel No

Does your child have any medical conditions of which we should be aware ie asthma, epilepsy, diabetes, known allergies?

Is there a pump in school?

Does your child have any specific dietary needs or food intolerance of which we should be aware of?

I give permission for my child to use their prescribed inhaler whilst attending the Breakfast Club
Signed _____ Parent/Carer

In the event of my child requiring emergency treatment and the staff being unable to contact me, I give consent for the member of staff accompanying my child to approve the application of any emergency treatment including anaesthetic advised by the medical authorities for the well being of my child.
Signed _____ Parent/Carer

I give permission for Breakfast Club staff to take digital photos of my child enjoying their time at club. These photos may be used on our website.
Signed _____ Parent/Carer

I AGREE TO PAY FOR ANY BREAKFAST CLUB SESSIONS IN ADVANCE.

Signed Print Name Date.....

Please return this form to the School Office