

# Rise and Shine Breakfast Club



## Registration Form

All children who use Rise and Shine Breakfast Club must be registered with us.

CHILD INFORMATION:		Gender:	
Surname:		Forename:	Middle Name:
Address:			
Post Code:		Telephone number:	
Date of birth:			
Ethnic Origin:			
Home Language:			
Religion:			

LEGAL PARENTAL/CARER INFORMATION*:			
Surname: Ms/Miss/Mrs/Mr		Surname: Ms/Miss/Mrs/Mr	
Forenames:		Forenames:	
Address: (if different from above)		Address:	
Telephone No.:		Telephone No.:	
Mobile Telephone No.:		Mobile Telephone No.:	
Workplace:		Workplace:	
Telephone No.:		Telephone No.:	
*Name and address of persons who have legal parental responsibilities over the child.			

MEDICAL DETAILS:	
Name of child's doctor:	
Address of child's doctor:	
Telephone Number:	
Does your child have any known medical problems? Please state:	
Does your child have any known allergies or major dislikes (i.e. foods/materials)	
Any other relevant information about your child you may wish to share with us:	

# Rise and Shine Breakfast Club (Continued)



I consent to any emergency medical treatment necessary during my child's time at Rise and Shine Breakfast Club. I authorise staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

Yes.....

No.....

Signed.....(parent/carer)

Date: .....

Please hand your completed registration form in at the school office or to a member of staff at Rise and Shine Breakfast Club.

*You will be required to accept and sign Rise and Shine Terms and Conditions before completing your first booking form.*

