



# Glebe Junior School

## Glebe Junior School Breakfast Club Registration Form

Name of Child		Class
Address		
Date of Birth	Gender	Religion
Start Date		
Parent/Carer's Name		
Address		
(if different to above)		
Tel Number Home		Mobile Number
Email Address		
Second Contact Name		
Address		
(if different to above)		
Tel Number Home		Mobile Number
Name of Doctor		
Telephone Number		
Permission to Administer First Aid	Yes/No	

Relevant Medical History

Details of any Allergies or Special Needs

Dietary Requirements - please indicate if your child should not be given certain foods or drinks

Please give any other information you feel we should know about your child eg eating habits

By registering your child for Breakfast Club you agree to book and pay in advance via our School Money system.

**The information I have given is correct to the best of my knowledge**

Signature of Parent/Carer .....

Name (please print).....

Date.....