

Breakfast Club Registration Form



Child's Name:

D.O.B.

Is your child's registration form up to date? (see attached registration form)

Yes

No (if no, please make the relevant changes to the attached registration form)

Does your child have any medical needs?

Yes/ If yes, please provide details & if applicable amend attached health care plan.

No

Does your child have any food allergies/intolerances/special dietary requirements?

Yes/ If yes, please provide details

No

I confirm that I understand and accept the following conditions:

- My child must arrive between 7:00am and no later than 7:30am for breakfast club.
- I confirm that I have read and understood the Breakfast Club Policy

Signature of Parent or Guardian:

Date: