

Cookridge Holy Trinity C of E (A) Primary School Breakfast Club
REGISTRATION FORM

(Confidential to authorised persons and subject to the provisions of the Data Protection Act)

Child's surname (legal) _____ To be known _____

Child's forenames _____ Date of birth _____ Class: _____

Does your child have any food allergies? Yes / No (Please delete as appropriate)

If yes, please give details _____

Any other dietary requirements? _____

Please write below any information you wish to supply e.g. medical requirements, illnesses, domestic circumstances, etc.

Siblings:

Child's surname (legal) _____ To be known _____

Child's forenames _____ Date of birth _____ Class: _____

Does your child have any food allergies? Yes / No (Please delete as appropriate)

If yes, please give details _____

Any other dietary requirements? _____

Please write below any information you wish to supply e.g. medical requirements, illnesses, domestic circumstances, etc.

Child's surname (legal) _____ To be known _____

Child's forenames _____ Date of birth _____ Class: _____

Does your child have any food allergies? Yes / No (Please delete as appropriate)

If yes, please give details _____

Any other dietary requirements? _____

Please write below any information you wish to supply e.g. medical requirements, illnesses, domestic circumstances, etc.

Address _____

Postcode _____ Home telephone / mobile _____

Email address (to be used for correspondence) _____

*Family Doctor _____ Telephone _____

*First Language _____

Mother's name (Miss/Ms/Mrs) _____

Mother's emergency contact no. _____

Father's name _____

Father's emergency contact no. _____

Other emergency contact details _____

Please confirm the preferred start date for your child and tick the days you would like your child to attend:

Start Date _____

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Does your child have any food allergies? Yes / No (Please delete as appropriate)

If yes, please give details _____

Any other dietary requirements? _____

Please write below any information you wish to supply e.g. medical requirements, illnesses, domestic circumstances, etc.

Permissions

I give permission for my child's anonymous digital image to be placed onto the school's website in order to celebrate his/her achievements in school.

Signed _____

I give / do not give permission for my child to be photographed, filmed or videoed by or for the media (e.g. the press or television). We will not release your child's name unless we have your permission to do so.

Signed _____

Items of jewellery should not be worn or brought to school. I accept responsibility for any accidents occurring due to my child wearing any item of jewellery.

Signed _____

Childcare Vouchers

If you use childcare vouchers to pay for your child's out of hours care please list the companies below:
