



THE CRESCENT PRIMARY SCHOOL EXTENDED SERVICES

THE BREAKFAST CLUB REGISTRATION AND BOOKING FORM

Childs details:					
Name		DOB		Class	

Parent/Carer contact details:		
Name		
Home Tel.	Mobile:	Work Tel.
Email		

Other emergency contact details:		
Name & Address		Relationship
Home Tel.	Mobile:	Work Tel.
Email		

Booking form:				
Tick the box to indicate the session(s) you wish your child to attend				
Monday	Tuesday	Wednesday	Thursday	Friday

Requested dates:
 I would like my child to attend from: _____ to _____.

Medical and dietary information:

Child's name	
Name of Child's Doctor	
Doctor's Address	
Doctor's Telephone No.	
Please list any medical conditions (e.g. asthma):	
<ul style="list-style-type: none"> ▪ ▪ 	
Please list any medical allergies (e.g. allergic to penicillin):	
<ul style="list-style-type: none"> ▪ ▪ 	
Please list an dietary/food allergies (e.g. dairy):	
<ul style="list-style-type: none"> ▪ ▪ 	
First aid consent: To give your consent, please tick the boxes	
<input type="checkbox"/> I give permission for first aid to be carried out on my behalf by a trained first-aider. <input type="checkbox"/> I consent to any emergency medical treatment necessary during the running of the club. <input type="checkbox"/> I authorise The Crescent Primary School Breakfast Club staff to sign any written 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.	

In signing this form, I declare the information to be true and accurate. I have read the Terms and Conditions of The Crescent Primary School Extended Services and agree to follow its policies and procedures including the late collection policy.

Name: _____
Signature: _____
Date: _____

<u>ADMIN USE ONLY</u>
Registered: _____
Parent Pay: _____