**MARY DEAN’S CE PRIMARY SCHOOL BREAKFAST CLUB REGISTRATION FORM**

Child’s Name: …………………………….. Class: …………………………..

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I would like my child to attend the breakfast club on the following days (please tick)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Please indicate any specific Health / Medical / Dietary issues which apply to your child / children

|  |
| --- |
|  |

**Parent contact details for use in an emergency**

**Contact 1**

**Name: …………………………………………………………………………………………………………………………**

**Contact number: ………………………………………………………………………………………………………..**

**Relationship: …………………………………………………………**

**Contact 2**

**Name: …………………………………………………………………………………………………………………………**

**Contact number: ………………………………………………………………………………………………………..**

**Relationship: …………………………………………………………**

I agree to my child/children receiving emergency medical treatment should it be necessary.

I agree to drop my child inside the school building and assure their safety.

I will inform school staff of any changes to this information.

Signed: ……………………………………………………………… Date: …………………………………………..