

# Breakfast Club



## Registration Form

Child's Name:

Date of Birth:

Contact 1		Contact 2	
Name:		Name:	
Relationship:		Relationship:	
Home:		Home:	
Mobile:		Mobile:	
Work:		Work:	

Relevant Medical Information:

Relevant Dietary Information:

**Important Notice:**

If you, your child or a member of your household displays any one of the symptoms of Covid 19 (high temperature, a continuous cough or loss of taste and smell) please do not send them to Breakfast Club and please let the school know immediately so we can respond as quickly and appropriately as possible.