

Northmead Junior School

Breakfast Club Registration Form

Child's Full Name:	Class:
Address:	
Date of Birth:	

Please give telephone numbers of responsible adults whom we could contact in an emergency between 07: 50 and 08:30

1 st Contact Name:	
Mobile:	
Home:	
Work:	
2 nd Contact Name:	
Mobile:	
Home:	
Work:	

Does your child have any dietary requirements? (Please circle)

Vegetarian

Nut Allergies

Dairy/Lactose Intolerance

Any other dietary needs or allergies?
(Please specify - for example: allergic to strawberry jam - makes him/her sick!)

	Yes/No	Comments
Is your child Asthmatic?		
Is their medication held by the school?		
Does your child have an EPIPEN in school?		

Email details for confirmation of booking.....

Alternatively we can contact you by parent mail if you are registered with us. Please tick the box below if you would like to be contacted via parent mail.

☐

Signed.....

Date.....

Please print full name.....

Parent/Guardian