

MARISH PRIMARY SCHOOL



Breakfast Club Registration Form

Child's Name:	
Child's date of birth:	Male/Female:
Child's Class:	
Preferred days: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>	
Home Address:	
Telephone No:	Mobile:
Emergency Contact Name: Telephone No:	
Does your child have any medical conditions that we should be made aware of? Yes/ No	
If yes, please state:	
Are there any special dietary requirements that we should be aware of?	
Any food that your child particularly likes/dislikes?	
Any activities that your child likes/dislikes?	
Any other information:	

Signed: -----
(Parent/Carer)

Date: