

**Larchfield Primary and Nursery School**

**Breakfast Club registration form**



I would like to register my child/children below for Breakfast Club

Name of Child/Class .....

Contact Telephone Number .....

These must be numbers which can be reached between 7.45am and 8.40am in case of emergency

First Contact Name:

.....

Relationship to Child:

.....

Landline: ..... Mobile.....

Second Contact Name:

.....

Relationship to Child:

.....

Landline: ..... Mobile: .....

Please list any special dietary/medical requirements for your child/children - if none please confirm NONE in the Special Requirements box

Name of Child	Special Dietary/Medical Requirements

Parent/Carer Signature: .....

Print Name: ..... Date: .....