***For nothing will be impossible with God. (Luke 1:37)***

**Breakfast Club - Pupil Registration Form**

(to be completed by Parent/Guardian)

**Pupil’s Personal Information:**

Surname: ……….…………………………………………………………………………………….………………………………………….. Male / Female

First Name(s): …..…………………………………………………………………………………. Date of Birth: ……………………………………………..

Home Address: ……………………………………………………………………………………. Postcode: ..………………………………………….........

E-mail address(es): ……………………………………………………………………………………………………………………………………………………….

First Language: …………………………………………………………………………………….

**Parent/Guardian’s information:**

Please enter in emergency priority order

**Mother: Father:**

Title / Name: ………………………………………………………………….. Title / Name: …………………………………………………………………

Address: …………………………………………………………………………. Address: ………………………………………………………………………..

………………………………………………………………………………………… ……………………………………………………………………………………….

Tel: …………………………………………………………………………………. Tel: ....................................................................................

**Other Emergency Contact:** ……………………………………………………………… Number: ……………………………………………………….

Relationship to your child?: ……………………………………………………………..

**Other Emergency Contact:** ……………………………………………………………… Number: ……………………………………………………….

Relationship to your child?: ……………………………………………………………..

**Medical Information:**

Doctor: …………………………………………………………………………………………….. Tel: …………………………………………………………………

Surgery: ……………………………………………………………………………………………………………………………………………………………………….

If your son/daughter has any medical conditions, dietary restrictions or allergies that may affect them whilst in our care please give details below:

…………………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………….

Is your child entitled to Pupil Premium Funding? ……….Yes / No ………

*Continued overleaf*

**Emergency Medical Treatment:**

I give consent to medical treatment deemed necessary by a qualified medical practitioner or to first aid being administered to my child if an emergency should occur when my consent to treatment cannot reasonably be obtained.

Name: ………………………………………………………………………………………………………………………………………………………………………….

Signed: ……………………………………………………………………………………………………………………………………………… Parent/Guardian

I understand that I am giving consent for my child to participate in all activities whilst at Breakfast Club unless I have requested specific exclusion.

I understand that payment is required in full by the end of every week.

I understand that if I owe money for 2 weeks worth of sessions or more my child(ren) will be unable to attend Breakfast Club until my arrears have been settled.

Name: ………………………………………………………………………………………………………………………………………………………………………….

Signed: ……………………………………………………………………………………………………………………………………………… Parent/Guardian