

BILL QUAY  
PRIMARY SCHOOL



**Breakfast Club Registration Form**

**Personal Information regarding your child's attendance at Breakfast Club.**

**PLEASE USE BLACK OR BLUE INK AND BLOCK CAPITALS**

Surname:	
Christian Name:	
Date of Birth:	Class:

Gender:      Male              Female\*      (\*Circle as appropriate)

**Medical Information**

Please enter the name, medical practice, address and telephone number of your child's doctor:

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Please enter any medical history relating to your child: e.g. Asthma, Hay fever etc.  
(please provide details of any prescribed medication):

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Does your child attend hospital or a clinic for regular treatment?

Does your child suffer from any allergies?

**Name of Child:**

**PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION:**

	CONTACT 1	CONTACT 2	CONTACT 3	CONTACT 4
Title				
Forename				
Surname				
Sex	Male/Female	Male/Female	Male/Female	Male/Female
Day Place (i.e. work, please give company name, or home)				
Day Telephone	( )	( )	( )	( )
Mobile Telephone				
Dwelling				
Building				
House Number				
Street				
District				
Town				
County				
Postcode				
Telephone Number	( )	( )	( )	( )
Relationship of Contact				
Does this contact have parental responsibility?	YES/NO	YES/NO	YES/NO	YES/NO
Is there any Legal Order relating to the student?	YES/NO	YES/NO	YES/NO	YES/NO
Does the student live at the above address?	YES/NO	YES/NO	YES/NO	YES/NO