**Breakfast Club Registration Form**

Wrea Green Pre-School Nursery Wray Crescent, Wrea Green. Tel: 01772684444

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| Child’s Full Name: |
| Date of Birth | Sex | Religion | Ethnic Origin |
| **Child’s First Language** | **Special Needs/Disability** |
| Address:Telephone Number: |
| **Medical Information**Important Medical Conditions (e.g. allergies) |
| Has your child ever been immunised against: (please circle)Diphtheria? Y/N Whooping Cough? Y/N Tetanus? Y/NPolio? Y/N Measles? Y/N HIBS? Y/N |
| Child’s Doctors Name:Address:Telephone Number: |
| Name of Parent(s)/Carer(s) |
| Employment Address/Telephone Number | Employment Address/Telephone Number |

**In an Emergency, please contact**

**Name: Relationship to Child: Telephone Number:**

 **Mornings Required** **Breakfast** (Yes/No)

 **Monday**

 **Tuesday**

 **Wednesday**

 **Thursday**

 **Friday**

I give my consent to my child receiving any medical treatment, which is urgently necessary.

Signed (Parent/Carer) ……………………………………… Date: ………………………………

Occasionally we may like to take photographs of your child completing an activity, records of achievement for use on our displays.

I give consent for photographs of my child to be taken.

Signed (Parent/Carer) ……………………………………… Date: ………………………………

**Terms and Conditions**

Fees

All fees are payable in advance, and may be paid on a weekly, monthly, or half term basis. When children are absent for any reason, we regret that fees must still be paid. No fees are due when the Pre-School is closed.

I have read and understand the Terms and Conditions.

Signed (Parent/Carer) ……………………………………… Date: ………………………………

Please let us know if while your child is attending Breakfast Club of any changes to the information you have given.