



St James the Great Breakfast Club

Registration Form

CHILDS NAME: -

Date of Birth: - AGE: - CLASS: -

PARENTS/CARERS NAME: -

ADDRESS: -

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HOME PHONE: - WORK PHONE: -

MOBILE PHONE: -

E-MAIL ADDRESS: -

EMERGENCY CONTACT NAME: - PHONE NO: -

REALATIONSHIP {e.g. friend, grandparent}: -
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PLEASE GIVE DETAILS OF ANY SPECIAL DIETARY REQUIREMENTS

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PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS {e.g. asthma, allergies}

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Please tick days required: -

- 1. Monday
- 2. Tuesday
- 3. Wednesday
- 4. Thursday
- 5. Friday

Please return form to the office in an envelope marked: - **Breakfast Club/Mrs Parfitt**
or e-mail it to: - **barbaraparfitt@blueyonder.co.uk**