**William Patten Breakfast Club**

|  |
| --- |
| Forenames: |
| Surname: |
| Class: Date of birth: |
| Address: |
| Postcode: |
|  |
| Home telephone no: |
| Please circle the days you would like your child to attend: **Mon Tues Weds Thurs Fri** |

**Details of Parent/Carers**

|  |  |  |
| --- | --- | --- |
| Name of person/s with whom the child lives | Relationship to child | Daytime phone numbers including mobiles |
|  |  |  |
|  |  |  |

**Other emergency contacts**

|  |  |  |
| --- | --- | --- |
| Name | Relationship to child | Phone numbers |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Medical details**

|  |
| --- |
| Name of doctor and surgery: |
| Telephone number: |
| Details of any medical condition / regular medication taken: |

**Dietary Information**

|  |
| --- |
| Dietary needs (including and allergies): |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Carer

Is there any other information relating to your child that the school should be aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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