

Doverly Down Lower School

BREAKFAST CLUB REGISTRATION FORM

If you would like to register your child for the Breakfast Club, then please complete the form below and return it to **office@doverlydownlower.co.uk**

CHILD'S SURNAME FIRST NAME

DATE OF BIRTH M/F

ADDRESS
..... TEL.NO

NAME OF PARENT/CARER 1

EMERGENCY CONTACT TEL. NO

NAME OF PARENT/CARER 2

EMERGENCY CONTACT TEL. NO

Does your child have any special dietary needs or allergies which we should know about? YES/NO
If yes please give details

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Does your child have any medical conditions which we should know about? YES/NO.

If so, please give details:

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Please describe any treatment that may be required whilst at the Club:.....

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I would like to register my child/ren for Breakfast Club and agree to pay £4 per session per child.

Signature of Parent/Carer

Date