



St. Helen's Primary School Breakfast Club Registration form



Child's name

Telephone number

Name, telephone number & relationship of alternative emergency contact

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Special dietary requirements / allergies / intolerances

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Medical conditions.....

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I agree to inform the Breakfast Club of any changes to the information on this form.

Signed..... Date.....

I would like my child to attend Breakfast Club on the following days: (tick as appropriate).

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
I enclose £	

Please place money in a sealed envelope (separate from dinner or milk money) clearly marked with your child's name and send it with this form **the week before** Breakfast Club is required.

Thank you.