

ABC BREAKFAST CLUB

Registration Form

Please complete the following information per child to register for membership of the ABC BREAKFAST CLUB.

Name of child

Date of Birth..... SCHOOL YEAR.....

ABOYNE LODGE SCHOOL / ALBAN CITY SCHOOL/ MARGARET WIX Delete as appropriate

HOME DETAILS

Please give details of main carer/ home address and others if applicable

Name

Name

Relationship to child

Relationship to child

Address

Address

.....

.....

.....

.....

Postcode

Postcode

Tel. No.

Tel. No.

E-mail

E-mail

PARENTAL RESPONSIBILITY

Name

Name

Relationship to child

Relationship to child

Contact number.....

Contact number

Parental responsibility as defined by the Children Act (1989) is a legal term giving those who have it certain rights and responsibilities. All natural mothers automatically have it as do fathers who were married to the child's mother at time of birth. Other adults (e.g step fathers, step mothers, grandparents, unmarried fathers etc.) subsequently need to have applied for this legal status. This status is quite separate from issues of residency.

EMERGENCY CONTACTS (in order of preference)

1. Name

2. Name

Relationship to child

Relationship to child

Contact number.....

Contact number

Mobile number

Mobile number

REQUIREMENTS

Please tick boxes for the days and times required for each child.

| Child's Name | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| | | | | | |

Places will be allocated as we receive completed forms, subject to availability.

You will be notified of the days you have been allocated. When places are limited priority will be given to siblings or those children requiring multiple sessions.

MEDICAL DETAILS

Does your child/ children have any relevant medical conditions including dietary restrictions/ allergies we should be aware of? NO YES If YES please provide further information on the reverse.

GP..... Surgery Address:

In case of emergency, if we are unable to contact parents we will require permission to authorise treatment e.g. aesthesia if deemed necessary by the emergency services.

MEDICAL/ DIETARY INFORMATION - please state clearly which child the information relates to.

I/We wish to register my/our child/children to attend the ABC BREAKFAST CLUB.

I/We agree to abide by the Terms & Conditions of the ABC BREAKFAST CLUB.

I/We enclose a cheque for the deposit (refundable when leaving the Club)
A deposit of £20 per child per session booked per week is required.

I/We do/do not give permission for a representative of ABC BREAKFAST CLUB to authorize medical treatment.

I/We do/do not give permission for our child to be photographed or recorded for any publicity material.

Cheques should be made payable to: ABC BREAKFAST CLUB

Please sign and print names: Relationship to Child/Children
.....
.....
Date

For further information please call 07799 855850 or E- mail enquiries@abcbreakfast.co.uk