



**NORTH AYRSHIRE**  
COUNCIL

# Breakfast Club

## CHILD REGISTRATION FORM

1. Parent's Name ..... Business/College Name .....

Address ..... Address .....

.....

Postcode ..... Tel. No. ....

Tel. No. .... Days .....

(Own or neighbour or relative)

Hours: From ..... To .....

Mobile. ....

Emergency Contact in the event that I am not contactable is: Name .....

(Relationship to child) ..... Address .....

Tel. No. ....

Postcode .....

2. Child(rens) Name:-

Name .....Date of Birth ..... Class .....

Name .....Date of Birth ..... Class .....

Name .....Date of Birth ..... Class .....

Name .....Date of Birth ..... Class .....

3. Name of School where you are requesting Breakfast Club : .....

4. My child's/children's Doctor is (Name) .....

Address ..... Tel. No. ....

I consent/do not consent to any emergency medical/dental treatment being carried out as necessary.

My child (name) ..... Suffers From .....

Medication ..... Time .....

My child (name) ..... Is Allergic to .....

My child should **not** be given the following food

.....

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1. I give permission for my child(ren) to be photographed participating in the Breakfast Club Activities and understand that these photos may be used in future publicity of the service.
2. I will notify any changes in my contact details etc to staff immediately.
3. I agree to my child participating in activities as part of the Club within the school grounds.
4. I agree to my child being allowed into the playground before the school bell, weather permitting and at staff's discretion.
- 5. I agree to pay any and all fees due for my child (ren)'s attendance at Breakfast Club.**
- 6. I will endeavour to sign my child (ren) into the Breakfast but understand that he / she cannot be the responsibility of Breakfast Club staff until they actually arrive at the Breakfast Club. I also understand that my child is NOT guaranteed a place when they arrive.**

**I have completed the information as accurately as I am able and understand the conditions detailed above and agree to abide by these.**

Signed: ..... Name: ..... Date: .....

**Please return form to:**

**The Breakfast Club**

**Tele: 01294 465591 / 07785328837**