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**Little Green Junior School Breakfast and After School Club**

**Registration Form**

|  |  |
| --- | --- |
| **Child’s full name** | M/F |
| Known as |  |
| Date of birth |  |
| Child’s class |  |

|  |  |  |
| --- | --- | --- |
| Names of Parents |  |  |
| Home address |  |  |
| Home phone |  |  |
| Mobile phone |  |  |
| Work phone |  |  |
| Email address |  |  |

**Emergency contact – IMPORTANT: Who can we contact if we cannot reach you?**

|  |  |
| --- | --- |
| Name |  |
| Home phone |  |
| Mobile phone |  |

**Medical/Additional information**

|  |
| --- |
| Details of significant health issues, allergies or medical history likely to affect the care of the child: |
| Details of any medication held in school eg Epi Pen/inhalers: |
| Details of any additional support/care that may be needed: |
| Specific dietary requirements or food allergies: |
| Any other relevant information which will help us care for your child: |

**Booking Requirements (Please tick)**

|  |  |  |
| --- | --- | --- |
| Days applicable | Breakfast Club | After School Club |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |