



Breakfast Club Registration Form

Wrea Green Pre-School Nursery Wray Crescent, Wrea Green.Tel:
01772684444

Child's Full Name:			
Date of Birth	Sex	Religion	Ethnic Origin
<u>Child's First Language</u>	<u>Special Needs/Disability</u>		
Address:			
Telephone Number:			
<u>Medical Information</u> Important Medical Conditions (e.g. allergies)			
Has your child ever been immunised against: (please circle)			
Diphtheria? Y/N	Whooping Cough? Y/N	Tetanus? Y/N	
Polio? Y/N	Measles? Y/N	HIBS? Y/N	
Child's Doctors Name:			
Address:			
Telephone Number:			
Name of Parent(s)/Carer(s)			
Employment Address/Telephone Number	Employment Address/Telephone Number		

In an Emergency, please contact

Name:

Relationship to Child:

Telephone Number:

Mornings Required

Breakfast (Yes/No)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

I give my consent to my child receiving any medical treatment, which is urgently necessary.

Signed (Parent/Carer) Date:

Occasionally we may like to take photographs of your child completing an activity, records of achievement for use on our displays.

I give consent for photographs of my child to be taken.

Signed (Parent/Carer) Date:

Terms and Conditions

Fees

All fees are payable in advance, and may be paid on a weekly, monthly, or half term basis. When children are absent for any reason, we regret that fees must still be paid. No fees are due when the Pre-School is closed.

I have read and understand the Terms and Conditions.

Signed (Parent/Carer) Date:

Please let us know if while your child is attending Breakfast Club of any changes to the information you have given.