



Breakfast Bunch - Registration Form

Note: Please complete one form per child.

Child's Name:	
Year Group:	
Adult/s dropping off: (must be 18 years+)	
Emergency Contact Name:	
Emergency Contact Number:	
Medical Information:	
Dietary Requirements:	

I give permission for my child to participate in the Breakfast Bunch Club. I confirm that I have included all relevant dietary and medical information and will update the school office should any of the information above change.

I agree to collect my child should their behaviour not be acceptable. Unacceptable behaviour will result in a ban. This is to ensure that the club is safe and enjoyable for everyone.

Name:

Signed:

Date: