



Anton Infant School Breakfast Club
Registration Form

We must have received a completed registration form for each child prior to them attending the Breakfast Club at Anton Infant School.

Child's Name(s): _____
Date of birth: ___/___/___ ___/___/___ ___/___/___
Home Address: _____

Post Code: _____ Home Tel: _____
Mother's name: _____ Mother's place of work: _____
Mother's Work Tel: _____ Mother's Mobile Tel: _____
Mother's Email: _____
Father's name: _____ Father's place of work: _____
Father's Work Tel: _____ Father's Mobile Tel: _____
Father's Email: _____

Emergency contacts (minimum 2):

Contact Name: _____
Relationship to child: _____ Tel: _____
Contact Name: _____
Relationship to child: _____ Tel: _____

Doctor's name: _____
Surgery address: _____

Post Code: _____ Surgery Tel: _____

To help us support your child's needs, please tell us here about any additional or special needs which may affect your child's visit, including

allergies- _____

Does your child have asthma? Yes/No (please delete as appropriate)

If yes, have we permission to administer the inhaler? Yes/No (please delete as appropriate)

Please tell us about any special dietary requirements

We intend to take photographs of the children taking part in activities to be used for school purposes only, including the school website. If you do not wish your child to be photographed please inform the school in writing.

In signing this form I consent to the following-

Emergency permission: I am in a position of parental responsibility and consent to any emergency medical treatment necessary whilst the above named child is under the care of the Breakfast Club.

I confirm that the above named child has full consent to attend the Breakfast Club.

I have read and accept the Booking Conditions.

Signed:_____ Date:_____

Print Name:_____