

Beechfield School Breakfast and After School Registration form

Club name	Please tick
Breakfast Club	<input type="checkbox"/>
After School Club	<input type="checkbox"/>

Child's personal details	
Name:	
Date of birth:	
Home address:	
Parental details	
Please note, this refers to a person with parental responsibility.	
Name:	
Relationship to child:	
Address:	
Contact details:	
Second parent	
Name:	
Relationship to child:	
Address:	
Contact details:	
Details of individuals who have responsibility for collecting children from the school	
Please note, proof of identification will be required upon collection.	
Name:	

Relationship to child:	
Contact details:	
Password for collection:	
Second individual	
Name:	
Relationship to child:	
Contact details:	
Password for collection:	
Emergency contact details	
Name	Contact details

Medical information	
Name of doctors' surgery:	
Address:	
Phone number:	
Does your child have any known medical conditions? Please specify.	
Please provide details of any medication that your child takes:	
Will the club manager need to administer any medication?	
Do you consent for the club manager to administer this medication?	
Please provide any other relevant information:	
Dietary needs	

Does your child have any allergies?	
Does your child have any specific dietary needs, e.g. vegetarian?	
Does your child have any dietary intolerances, e.g. lactose intolerant?	
Terms and Conditions	
I have read and understood the schools Clubs terms and conditions	
Permissions/Consent	
Parents/carers understand that the club will rely upon the permissions/consent held on the SIMS Parent Lite	

Parent Signature: _____

Date: _____