



THE GLOBE PRIMARY ACADEMY

BREAKFAST CLUB (Tel: 07493 791 535)

REGISTRATION FORM 2018/19

Child's Name:

Class/Teacher:

Breakfast Club runs from 7.45 - 8.45 a.m. each day and costs £3.50 per session.

Your child will be taken to their class at 8.40/8.45 a.m.

Please tick which morning(s) your child will attend:

Monday

Tuesday

Wednesday

Thursday

Friday

Breakfast will consist of:

- Fruit juice - usually orange
- Cereal
- Toast with butter type spread/jam
- Tea, milk or water

Please note if your child has any **allergies** to the above you will need to provide your child's food. You are welcome to provide a box of your child's choice of cereal.

Please let us know if you allow your child to have sugar on their cereal:

My Child is allowed sugar on their cereal.

My Child is not allowed sugar on their cereal.

Parent/Carer Signature:

Date:



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RECORD OF INFORMATION ABOUT A CHILD

To be completed by the Parents and given to the Office

CHILD'S NAME:

KNOWN AS (if different from the above):

DATE OF BIRTH:

HOME ADDRESS:

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PARENT/CARER'S NAME:

PARENT/CARER'S PLACE OF WORK:

.....TELEPHONE NUMBER Home.....

Mobile..... Work

WHO TO CONTACT IN AN EMERGENCY (Different from above):

1. NAME: RELATIONSHIP:

TELEPHONE NUMBER(S):

2. NAME: RELATIONSHIP:

TELEPHONE NUMBER(S):

ARE ALL IMMUNISATIONS UP-TO-DATE: YES/NO

HAS YOUR CHILD HAD ANY INFECTIOUS ILLNESSES: YES/NO

IF YES PLEASE STATE WHICH:

ANY SPECIAL DIET, ALLERGIES, HEALTH PROBLEMS ETC:

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RELIGION (WHERE RELEVANT):

ANYTHING ELSE THE CLUB SHOULD KNOW ABOUT YOUR CHILD (LIKES,
DISLIKES, FEARS ETC):

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PERMISSION FOR EMERGENCY TREATMENT

I give permission for the school to obtain any medical treatment or assistance that may be necessary in the case of an emergency for my son/daughter (named on this form).

SIGNED: DATE:

PRINT NAME: (Parent/Guardian)

Days required: MON TUE WED THUR FRI