



Wilson Breakfast Club Registration Form 2017-2018



Child's Name (in full)

Address

.....

Date of birth.....

Name of parents/carers.....

Tel Nos: Work:..... Home:..... Mobile:.....

Emergency Contact Name:.....

Tel Nos: Work:..... Home:..... Mobile:.....

Surgery Name& Telephone Number

Does your child have any known medical problems or allergies ? If so please give details:

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I understand that Wilson Breakfast Club requires booking and payment of £2 per day per child in advance on Parentpay.

I have read and understood the Terms and Conditions of the Breakfast Club.

Signed:..... Date:.....