WEMBLEY PRIMARY SCHOOL

Breakfast Club Registration Form



PERSONAL DETAILS (Please fill in all sections, it is important that we have as mu	uch informati	ion as poss	ible)		
FULL NAME OF CHILD:					
DATE OF BIRTH:					
ADDRESS:					
POSTCODE:					
HOME TELEPHONE:					
CLASS:					
MOTHER'S NAME:					
TELEPHONE NUMBERS:					
FATHER'S NAME:					
TELEPHONE NUMBERS:					
EMERGENCY CONTACT:					
NAME:					
RELATIONSHIP TO CHILD:					
TELEPHONE NUMBERS:					
ATTENDANCE REQUIRED: Please indicate which days you would like your child to	Mon	Tues	Weds	Thurs	Fri
attend by circling the relevant days. DIETARY NEEDS: Does your child have any Allergies / special conditions / including food preferences?					
Please read the points below and sign to confirm you have reafollow them.	ad and under	stood then	n, and that y	ou agree to	
 I have understood the terms and conditions of my chi I understand that the charge of £4.00 per day is payal are not paid, then the school can refuse to allow my c Siblings are charged at £3.50 If my child is not well, I should not bring them to Brea I should inform the school if I no longer wish for my c Please note that we expect good behaviour from all children attending the should any incident occur. 	ble the week child to attend ekfast Club hild to attend	before my d the club. I the club.	child is due		
Which date would you like your child to start from:					
Signature		Date			