

Broomhill Breakfast / Afterschool Club Registration and Medical Form

Child's full name	
Name to be known by	
Child's Base	
Address	
Parent contact email	
Parent / Guardian name(s)	1) 2)
Contact 1	
Address if different from child's	
Contact telephone numbers	Home Mobile Work
Contact 2	
Address if different from child's	
Contact telephone numbers	Home Mobile Work
Additional person(s) authorised to collect child Name and contact no.	
Password to be used	

Medical Information

Details of Child's doctor					
Name, address and telephone number					
Does your child have any medical problems or disabilities? If yes please state					
Details of any medication your child will need to have available, e.g. inhalers					
Does your child have any known allergies? If yes please state					
Any other relevant information you wish to provide					
Parental Consent			Yes	No	
I consent to any emergency medicat Breakfast and Teatime Clubs	al tr	reatment necessary during attendance			
I authorise club staff to sign any written consent forms required by the hospital authorities if any delay in getting consent is considered by the doctor to endanger my child's life					
I give consent for my child to be taken out of school grounds for visits and outings with club staff if given prior notice					

Booking information - Permanent Sessions									
	Charges	Mon	Tue	Wed	Thur	Fri			
Breakfast 7.20 - 8.20am	£7.00 per session								
Teatime Mon - Thursday 3.00 - 6.00pm Fridays 3.00 - 5.00pm	£12.00 per session Friday's - £8.00								
Casual Teatime Sessions are charged at £13									