

# Sunrise Breakfast Club

## Registration form

Name of child.....likes to be called.....

Age.....date of birth.....class.....

Home address.....

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Parent(s) / carer(s) name(s).....

Relationship(s) to child.....

Home address if different from child's.....

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Home telephone number.....

Daytime telephone number.....

Mobile number.....

Please give two additional contacts to use in case of an emergency:

Name..... Name.....

Relationship to child..... Relationship to child.....

Phone number..... Phone number.....

Address..... Address.....

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I understand that regular bookings should be paid for at the start of each week.

Occasional bookings can be paid on the day.

Signature of parent(s) / carer(s).....

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PLEASE ALSO COMPLETE THE MEDICAL FORMS.