



St Michael's Breakfast Club
St Michael's School
St Michael's Street
St Albans, AL3 4SJ

REGISTRATION AND BOOKING FORM

Name of child:	
Class:	
Date of birth:	
Is your child on any medication (if so, please provide details)	
Any allergies/medical needs:	
Special dietary needs:	
Any other specific care instructions:	
Doctor's name:	
Doctor's address:	
Doctor's telephone number:	
Your name:	
Relationship to child:	
Address:	
Home/work phone number:	
Mobile phone number:	
Email address:	
Emergency contact (must be available 7.30 – 8.45 am):	
Relationship to child:	
Emergency contact address:	
Home/work phone number:	
Mobile phone number: Email	

Please tick mornings required:

Monday
Tuesday
Wednesday
Thursday
Friday

Please turn over:

Please sign below to confirm that you agree to the following:

In an emergency situation, I agree to any emergency medical treatment being administered to my child by qualified personnel.

(Please cross this section out if you do not wish your child to be photographed): I give consent for my child to be photographed at the Breakfast Club. *(From time to time, we may take photographs of children in the Club for our website and other promotional materials. These will only be used in line with the Government's guidance on the use of imagery involving children, and with the individual consent of the parents or guardians concerned.)*

I understand that fees will be invoiced half-termly in advance. I enclose a £5 registration fee.

Signature:

Your name(s) (in capitals):

Date:

Current fees:

First child - £5.50 per session

Siblings - £5 per session

Ad hoc bookings - £6.50 per child