



**St. John the Evangelist Church School
Bath & Wells Multi Academy Trust**

Head teacher: *Catherine Cowell B Ed (Hons)*

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Breakfast Club Registration Form

Child's Name: Class

Address:

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Date of Birth: Age :

Parent's/Guardian's Name:

Contact Telephone Number:

Emergency Contact Tel. No. (if different)

Emergency Contact Name (if other than Parent/Guardian)

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Child's Doctor: Tel No:

Does your child have any allergies, health problems or dietary requirements that we should be aware of? If so; please give details, together with a note of any medication being taken. (Please note if special dietary food is required, we reserve the right to charge an additional cost or make arrangements for you to bring the food in.)

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Is there any other information about your child that you would like to know or that we need to be aware of?

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Parent/Guardian Consent

I agree to my child attending the Breakfast Club and I give my permission for my child to take part in organised club activities. I also give permission for my child to be given emergency medical attention by qualified personnel, if necessary.

Signed:

Name in Capitals: Date: