

Deal Parochial CEP Breakfast Club

Registration Form September 2020 - July 2021

I would like my child / children to attend Breakfast Club

Child's Name:

Class:

DOB:

Specific dietary requirements (i.e. allergies, intolerances)

Medical Requirements (i.e. asthma, allergies)

Contact numbers to be used in an emergency between 8:00am and 8:40am. **(This must be completed)**

Name: _____

Tel: _____

Name: _____

Tel: _____

Signature of parent/carer _____

Name of parent/carer _____

Date _____

