**Individual Child Reference Sheet for Breakfast and After School Club**

**2019-20**

|  |  |  |
| --- | --- | --- |
| First Name: | Surname: | By what name does your child prefer to be called: |
| Date of Birth:Age: | Class / Teacher: |  |

**Parent / Carer information**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Name: | Surname: | Address: |

**Contact Details**

|  |  |  |
| --- | --- | --- |
| Home: | Mobile: | Work: |
| Email Address: |

**Emergency Contact Details**

|  |  |  |
| --- | --- | --- |
| Name: | Telephone: | Mobile: |
| Address: |
| Relationship to child: |
| Name: | Telephone: | Mobile: |
| Address: |
| Relationship to child: |

Does your child attend: Breakfast Club Afterschool Club Both (please circle)

**Breakfast Club**

**Which days does your child attend?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| Breakfast required |
|  |  |  |  |  |

**After School Club

Which days does your child attend?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Which days does your child require only a 1hr session (3.15 - 4.15 pm) or require care after a club

(4.15 to 5.15pm)? (please insert name of club & time required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

**Medical / Allergy Information**

Does your child suffer from any medical condition / allergy or additional needs?

|  |
| --- |
|  |

Does your child have any dietary requirements?

|  |
| --- |
|  |

**Additional Adults your child has permission to be collected by:**

|  |  |  |
| --- | --- | --- |
| Name | Contact Number | Relationship to child |
|  |  |  |
|  |  |  |

**General Information:**

|  |
| --- |
|  |

**Signed by parent/carer:**

Signature: ……………………………………………. Date: ………………………………………

Print name: …………………………………………... Relationship to child: …………………..

**Signed by member of staff:**

Signature: ………………………………………………. Date: ……………………………………

Print Name: ……………………………………………. Position: ………………………………..