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# Meadow Nursery School

Murray Road, Wokingham, Berkshire, RG41 2TA

Telephone: 0118 9790284



Meadow Nursery School – Breakfast Club

Registration Form (Confidential)

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| Surname/Family name | Click here to enter text. | |
| First or given name | Click here to enter text. | |
| Name by which child prefers to be addressed if different from above | Click here to enter text. | |
| Home address | Click here to enter text. | |
| Date of Birth | Click here to enter a date. | |
| School child attends | Choose an item. | |
| **First Parent/Carer details** | | |
| Full name of first parent/carer | Click here to enter text. | |
| Tel: Home | Click here to enter text. | |
| Tel: Daytime/work | Click here to enter text. | |
| Tel: Mobile | Click here to enter text. | |
| Email | Click here to enter text. | |
| **Second Parent/Carer details** | | |
| Full name of second parent/carer | Click here to enter text. | |
| Tel: Home | Click here to enter text. | |
| Tel: Daytime/work | Click here to enter text. | |
| Tel: Mobile | Click here to enter text. | |
| Email | Click here to enter text. | |
| **Name and address of local emergency contact** | | |
| Telephone | Click here to enter text. | |
| Address | Click here to enter text. | |
| **Name and telephone number of person who will usually drop child at Breakfast Club** | | |
| Name | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| **GP details** | | |
| Name and address of child’s G.P. | Click here to enter text. | |
| GP Telephone | Click here to enter text. | |
| Is there any medical condition or recurring complaint which the supervisor should be aware of e.g. asthma, eczema, hay fever, epilepsy, diabetes, allergies etc  Click here to enter text. | | |
| Does your child have any special dietary requirements? | Choose an item. | |
| If YES please detail here:  Click here to enter text. | | |
| Does your child have any special needs? | Choose an item. | |
| If YES please detail here:  Click here to enter text. | | |
| Is there any other information you would like to provide?  Click here to enter text. | | |
| Sessions required Monday  Tuesday Wednesday  Thursday Friday | | |
| Preferred start date: | | Click here to enter a date. |
| I give permission for staff to seek medical attention for my child in an emergency | | Choose an item. |
| I give permission for my child to attend off-site activities with prior notification | | Choose an item. |
| I give permission for any photographs to be used in publicity or displays | | Choose an item. |
| I have read the Breakfast Club Prospectus and agree to abide by the policies and procedures therein | | |
| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date. | | |

**Cheques to be made payable to Meadow Nursery School Parents Association**

**Please return the completed form with £5.00 registration fee to Breakfast Club, Meadow Nursery School, Murray Road, Wokingham RG41 2TA**