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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**