



# Melbourne Community Primary School

*Roots to Grow and Wings to Fly*

## Breakfast Club Registration Form



Child's First Name .....

Surname .....

Date of Birth .....

Home Address .....

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Home Telephone Number.....

Parent/Guardian's Name.....

Contact Number(s) .....

Parent/Guardian's Name.....

Contact Number(s) .....

Please name an alternative contact in case of emergency:

Contact Name .....

Contact Number .....

Doctor's Name .....

Doctor's Address .....

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Doctor's Telephone Number.....

Should my child need medical service or intervention and I cannot be contacted I authorise/ do not authorise the club or school staff to act as they see fit in the best interests of my child. (Please delete as appropriate)

I agree/ do not agree to photographs of my child being used in newspaper articles and other articles about the club. (Please delete as appropriate)

Medical Information – Please give any details of any allergies/ food intolerances etc. that we should be aware of. Please continue overleaf if necessary.

Signature:.....

