



TROWSE PRIMARY SCHOOL  
BREAKFAST CLUB  
REGISTRATION FORM

Child's Full Name:..... Date of Birth:.....

Address:.....  
.....

Mother's Name:..... Father's Name:.....

Address:..... Address:.....  
.....  
.....

Tel (Work):..... Tel (Work):.....

Tel (Home):..... Tel (Home):.....

Mob:..... Mob:.....

Email:..... Email:.....

Emergency Contact Name:..... Relationship to Child.....

Phone Number (h)..... (Mobile) .....

What does your child normally eat for breakfast?

Does your child have any food intolerances, allergies or medical conditions (please give details)

Does your child take regular medication (please give details)

Any other relevant information?

Signature:.....

Date:.....