



CPS Breakfast Club Registration Form



1 st Child's Name		Class:
Medical/dietary/allergy information		
2 nd Child's Name		Class:
Medical/dietary/allergy information		
3 rd Child's Name		Class:
Medical/dietary/allergy information		

First Contact Name		
First Contact Telephone Numbers	1.	2.
Second Contact Name		
Second Contact Telephone Numbers	1.	2.

Any other considerations that will enable us to meet the needs of your child/ren	
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By signing this form, I/we agree to the terms and conditions in the CPS Breakfast Club Parents' Information letter.

I can confirm that the information is up to date and agree to inform staff of any changes to contact information/information regarding my child/ren.

Signed Parent/Carer Date.....