



# HIGHFIELD COMMUNITY PRIMARY SCHOOL

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Telephone: 01244 981140  
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## BREAKFAST & AFTER SCHOOL CLUB

### REGISTRATION FORM

<b>Childs First Name</b>	
<b>Childs Surname</b>	
<b>Childs Date of Birth</b>	
<b>Class</b>	
<b>Name of Emergency Contact Number of Parent/Carer (Club Hour only)</b>	<b>Name:</b>  <b>Work:</b>  <b>Home:</b>  <b>Mobile:</b>
<b>Doctors Surgery &amp; Telephone Number</b>	
<b>Other relevant information ie diet, allergy, asthma etc.</b>	

I confirm that I agree to the terms and conditions on the reverse of this form and I have read the Schools Breakfast Club Policy.

Signed..... Date .....

