



**BreakfastClub@HinghamHub
Registration Form**

Basic Details

Name of child _____ (M/F)
Class _____ Date of Birth _____
Address _____

Home Telephone Number _____
Email Address _____

Emergency contact details

Parent/adult 1 - morning contact number _____
Parent/adult 2 - morning contact number _____
Any other emergency contact numbers
Name _____
Telephone _____
Mobile _____

Please sign for consent to take your child to the LOCAL G.P. or HOSPITAL for EMERGENCY TREATMENT if required.

Signed (parent/carer)

Personal details of child

Does your child have any special dietary needs/allergies/religious beliefs/medication?

Yes/No (delete)

Family Doctor _____

Telephone _____

Does your child have any special needs or disabilities? Yes/No (delete)

Details:

Data Protection Statement

BreakfastClub@HinghamHub will keep all paper-based records about children and their families securely in a lockable file and any electronic data will be password protected. This information will only be used by BreakfastClub@HinghamHub in order to provide the best care possible for your child and to ensure we work within our ratios.

BreakfastClub@HinghamHub will not share information with anyone without parents' consent, unless there is a child protection concern or in the case of a medical emergency.

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