Registration Form

Health – Medical Condition and Allergy Disclaimer

Does your child have any condition or illness that we need to be aware of?   YES/NO

Please give details of type of condition or illness: –

Is your child currently receiving any medication and if so please give details: –

Is your child allergic to anything?   YES/NO

Please delete as appropriate: –

- Nuts
- Milk
- Chocolate
- Other dairy i.e. eggs
- Wheat
- Plasters

If your child has any other allergy apart from those listed above, please advise below:

Additional information: -

Child's Name ……………………………………………………………………………….

Class ……………………………………………………………………………………….

Signed …………………………………………………………………………………….

Print……………………………………………………………………………………………

Bromley Heath Junior School
Breakfast Club/ After School Club

Registration Form Infant and Junior School Children

Please complete and return this form to Bromley Heath Junior School Office or the Breakfast/After School Club Supervisor.

Child's full name	1.
	2.
	3.
Date of Birth	1.
	2.
	3.
Contacts	
Parent/Guardian	
Address	
Postcode	
Tel. No. Home	
Tel. No. Work	
Tel. No. Mobile	
Name and relationship of adults permitted to collect your child	
Security password to be used on collection	

Are there any special access or custody arrangements of which we need to be aware? Yes/No

Please complete the emergency contact information form.

Child's name …………………………………………………………………………………………

Please give us details of three other people to contact in the case of an emergency.

Name	
Relationship	
Address	
Postcode	
Tel. No. Home	
Tel. No. Work	
Tel. No. Mobile	

Name	
Relationship	
Address	
Postcode	
Tel. No. Home	
Tel. No. Work	
Tel. No. Mobile	

Name	
Relationship	
Address	
Postcode	
Tel. No. Home	
Tel. No. Work	
Tel. No. Mobile	