

**Crofton Hammond Infant School
Breakfast and Afterschool Club**

CHILD INFORMATION REGISTRATION FORM

CHILD'S NAME:

ADDRESS:

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EMERGENCY CONTACT NUMBERS:

1. NAME:

NUMBER:

2. NAME:

NUMBER:

ANY MEDICAL CONDITIONS OR DIETARY/ALLERGY REQUIREMENTS:

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**Crofton Hammond Infant School
Breakfast and Afterschool Club
Booking Form**

Child's Name Class

Child's Name Class

Please note Spring 2 February and March breakfast club forms will be sent shortly. Thank you.

Week Beginning 20th April 2020

	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick AM					
Please tick PM					

Week Beginning 27th April 2020

	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick AM					X
Please tick PM					X

Week Beginning 4th May 2020

	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick AM					X
Please tick PM					X

Week Beginning 11th May 2020

	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick AM					
Please tick PM					

Week Beginning 18th May 2020

	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick AM					
Please tick PM					

