

**Christ the King Breakfast Club Registration Form.**

Child's Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Known as: \_\_\_\_\_ Class/year \_\_\_\_\_

**Parent/ Guardian's Details:**

Names: (Please let us know if Surname is different from child)

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Telephone Numbers:**

Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_

**Emergency Contact details**

Name: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_ No: \_\_\_\_\_

**Child's special dietary needs and preferences:**

\*Is your child allergic to anything? \_\_\_\_\_

\_\_\_\_\_

Does your child not like any of the food on the suggested Menu?

(Please give details) \_\_\_\_\_

\*Please give details of allergies and the required treatment should a reaction occur.