



**Breakfast Club**  
**Child Information and Emergency Contact Sheet**

Child's Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Days Required (*please circle*)

**Mon / Tues / Weds / Thurs / Fri**

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

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Parent/Carer's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Parent/Carer's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email address for invoices: \_\_\_\_\_

Dietary Requirements (including allergies and intolerances)

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Additional Emergency Contact:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

There may be a time when your child is photographed as a record of activities or for display purposes. If you do **not** wish for your child to be photographed, please tick here:

If there are ever changes to family circumstances or emergency contacts, then please let the Breakfast Club know at the earliest opportunity.