



Free Breakfast Registration Form

From Easter 2025

Please complete one form per child

Child's Surname Forename

Child's Date of Birth Current school year

Address

..... Postcode

Parent/Carer Name (Please print)

Home Telephone Mobile Telephone

Work Telephone Email

Emergency Contacts

Please give at least 2 alternatives to the above contact and keep Treehouse Club informed of any changes.

1) Emergency contact Name Relationship to Child

Home tel Mobile tel Work tel

2) Emergency contact Name Relationship to Child

Home tel Mobile tel Work tel

(continued overleaf...)

Photograph Permission

I give permission for photographs of my child to be taken within the Treehouse Club to be used for displays, observations, the Club's scrapbook, and newsletters: **YES / NO** (please circle)

Medical and Dietary Information

Medical Conditions

Allergies

Dietary Requirements (eg Vegetarian)

Other Relevant Information

.....
.....
.....

Parent/Carer SignatureDate

Accredited Professional
Development Lead

National Centre
for Excellence in the
Teaching of Mathematics



'Bringing Out the Best in Everyone'

