## ST. WILLIAM OF YORK CATHOLIC PRIMARY SCHOOL



## ST WILLIAM ROAD THORNTON CROSBY L23 9XH

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Head teacher: Mr M Murphy

School Business Manager: Mrs S Middlehurst

## **School Breakfast Club Registration Form**

Child's Forename (s):	Surname:
Date of Birth:	Class:
Home address:	
Postcode:	
Parent/Carer's name:	
Emergency contact no:	
Relationship to child:	
Second Emergency Contact name:	
Emergency contact no:	
Relationship to child:	
Does your child have any medical of	conditions which we should be aware of: Yes/No
If yes please provide details including details of any medication kept in school:	
Does your child have any allergies, including food allergies: Yes/No	
If yes please provide details:	
I give permission for Breakfast Club staff to take digital photographs of my child for display and information purposes or for use on the school website: Yes/No	
SignedPrir	t NameDate