

Dulwich Hamlet

Junior School

BREAKFAST AND AFTERSCHOOL CARE REGISTRATION FORM



Child's Full Name:		Class:	
Address:			
Parent/ Carer Full Name:			
Email Address:		Contact Number:	
Parent/ Carer Full Name:			
Email Address:		Contact Number:	
Adult 1 to contact in an emergency:		Emergency Contact Number:	
Adult 2 to contact in an emergency:		Emergency Contact Number:	
Food Allergies:			
Non-Food Allergies:			
Medical Needs:			
Additional Information:			

I have read and agree that I will abide by the BaASC Terms and Conditions

Yes / No

Name and Signed _____

Date _____

PLEASE RETURN TO THE SCHOOL OFFICE