

Bright Eyes Breakfast Club

Register of Interest Form (2018/19)

Anticipated Start Date (or Month): _____

On which days would you use the club?

Monday Tuesday Wednesday Thursday Friday

START TIME?

7.15am

7.45am

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Child/s Full Name: _____ Date of Birth: _____

Name to be used at the Club: _____ Gender: _____

Primary School : _____

Names of Parents/Carers: _____

Home Address: _____

_____ Home Phone Number: _____

Mobile Number: _____ Email Address: _____

Details of any Significant Health Issues / Special Dietary Requirements:

Any Other Relevant Information:

Signature of Parent/Carer: _____

Date: _____

Please return completed form to **Bright Eyes, Wootton Community Centre, Curtlee Hill, Wootton, NN4 6ED** or
info@brighteyesbreakfastclub.com