

# Baden Powell Primary School

Ferron Road, London, E5 8DN

Telephone: 020 8985 6176  
Fax: 020 8525 1816  
Email: [admin@baden-powell.hackney.sch.uk](mailto:admin@baden-powell.hackney.sch.uk)  
Web Site: [www.baden-powell.hackney.sch.uk](http://www.baden-powell.hackney.sch.uk)  
Headteacher: Mr Stephen Smith  
Chair of Governors: Ms Karen Stuart



## Breakfast Club Registration Form

**\*\*Please note that Play Centre charges £2 per day per child\*\***

Name of Child and school attending		Date of Birth	Any Medical Conditions		
<b>What days would you like your child to attend, please circle below</b>					
Mon	Tues	Weds	Thurs	Fri	

**Please fill in form using BLOCK Capitals.**

**First Parent/ Carer Name:** \_\_\_\_\_

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

\_\_\_\_\_

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

**Second Parent/ Carer Name:** \_\_\_\_\_

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

\_\_\_\_\_

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

**Name of Doctor:** \_\_\_\_\_

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

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

In case of emergency we may need to take your child to hospital. By signing this form you agree to any emergency medical treatment deemed necessary. Play staff will make every effort to contact you if this situation arises.

***Please remember to update us with any new contact details.***

**Please authorise two other adults who we can contact in an emergency**

Name:	Name:
Address:	Address:
Contact No:	Contact No:
Relationship to child:	Relationship to child:

Any other relevant info on child (Special needs, religious/cultural requirements etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School Office Use**

**Date entered on Tucasi:** \_\_\_\_\_

**Letter Sent- Yes or No:** \_\_\_\_\_

**Date:** \_\_\_\_\_