



BILDESTON
PRIMARY SCHOOL

Headteacher: Ms Lynne Golding BEd, NPQH, MA

Newberry Road

Bildeston

Ipswich

IP7 7ES

Tel: (01449) 740269

Email: office@bildeston.suffolk.sch.uk

Website: www.bildeston.suffolk.sch.uk

BREAKFAST CLUB

Registration Form

Child's Name Current Class.....

Address.....

.....

Telephone No..... Date of Birth..... Sex.....

Parents' names:.....

Mother's Place of Work: Father's Place of Work:

.....

.....

Work Tel No: Work Tel: No:

Mothers Mobile No: Fathers Mobile No:

Any known medical issues (asthma, epilepsy etc.)?.....

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In an emergency who should be the initial contact?

Any known allergies?.....

On which day(s) will your child attend the Club?

When would you like your child to start the Club?

I understand that the school reserve the right to withhold refunds where notice is received after 12 noon on a Monday for the week ahead.

Signed (Parent/Guardian) Date

Please return this form to the school office by

We will only contact you if spaces requested are unavailable.