



Learning, Playing, Working,
Growing Together

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Head Teacher: Tracy Robinson



The Caterpillar Club Registration Form

Child's full name:

Preferred name:

Home address:

.....

.....

Date of birth:

In the case of an emergency we need to have two people we can contact.

Contact One

Contact Two

Name: Name:

Mobile phone no: Mobile phone no:

Work/home phone no: Work/home phone no:

Relationship to child: Relationship to child:

Name and phone number of anyone else who may bring your child to breakfast club:

.....

Child's Doctor name, surgery and phone number:.....

.....

Does the child have any medical problems/dietary requirements/additional needs/
allergies?

Yes/No

If so please give details

.....

.....

Please indicate your child's cultural or religious beliefs:

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I consent to my child receiving any emergency medical treatment necessary during the running of the breakfast club.

Yes/No

I consent to my child being photographed whilst in breakfast club for display, school website, school newsletter and for child's records.

Yes/No

I have read and agree to abide with the term and conditions of The Caterpillar Breakfast Club.

Signed:

Print name:

Date: