

Child details

Child's first name*

Child's last name*

Child's first name*
Child's last name*
Child's date of birth*

Child's last name*
Child's date of birth*

Start date at school

Please tick the days your child will be attending school.

School details

Name of school*

Postcode*

Address line 2

Town/City*

Telephone No.*

Date _____

Please sign below to confirm that you wish to register the above child on the Cool Milk scheme.

By registering your child with Cool Milk, you agree that (a) your data and your child's data will be used to operate your school milk account; (b) you may receive calls, emails, SMS or automated voice messages relating to your account; and (c) Cool Milk may share this data with your Local Authority, the Nursery Milk Reimbursement Unit, the Rural Payments Agency and any other local or central government department or third party appointed by them with respect to school milk. Please note that all data is securely stored by Cool Milk (the data controller) on the UK servers and is only used in relation to school milk.

Parent/Guardian signature*

Postcode*

Town/City*

School details

Name of school*

Child's first name*
Child's last name*

Child's date of birth*

Start date at school

On which days will your child be attending school?*

M
T
W
Th
F

Please tick the days your child will be attending school.

Parent/Guardian signature*

Date _____



Return your completed registration form today to: **FREEPOST COOL MILK**