

Breakfast Club Registration Form

Please complete this registration form, sign and date and return to the school office.

This agreement will apply for a minimum of a term and up to an entire academic year.

Class

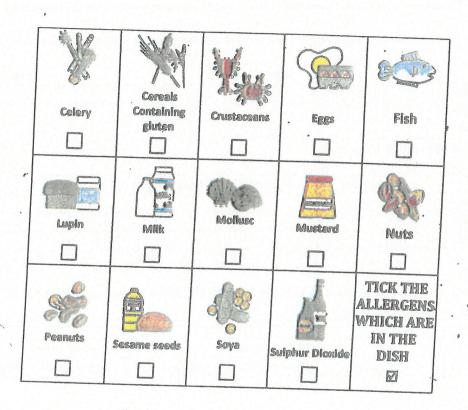
Name of child

1st Child 2nd Child 3rd Child

Please tick the sessions required:

	Monday	Tuesday	Wednesday	Thursday	Friday
1 st Child					
2 nd Child					
3 rd Child					
Please indicate te complete academ		e a place in Breal	kfast Club for (ple	ease select yes fo	r all 3 for a
Autumn Term	1	Spring Term		Summer Term	
Sep-Dec 23	Yes/No	Jan – Mar 24	Yes/No	Apr – July 24	Yes/No
/We understand t are as follows:			act se para ili du	value on runcing	74,.00111. 1 663
ndividual days (an	y number of da	ays less than a ful	I week) charged	at £2 per day	
full week (Mon-Fri)		charged at £10 per week			
		All fees are due 1	week in advance	e	
lease take a mom	ent to look at	the allergies on t	he reverse of thi	s form and tick if	appropriate.
igned:					

Please take a look at the Allergy Sheet and tick any that your child may have, then sign below.



I confirm that I have checked the allergy sheet and ticke	d accordingly.
Parent/Guardian	