BREAKFAST CLUB REGISTRATION FORM FOR PUPIL IN FOUNDATION 1
PLACES NEED TO BE REQUESTED IN ADVANCE

Name of child: _____Year Group: _____ Date: _____

I would like my child to attend Breakfast Club on the following days **EVERY WEEK**:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

My child will attend on a flexible basis & I will book and pay for a place at the school office in advance ☐

Terms:

- Payment must be made in advance, booked via Squid, £4 per session per pupil
- Payment will not be refunded for non-attendance
- Children must arrive no later than 8:20am
- Parents/Carers must inform the school office of any change in contact details
- Parents/Carers are asked to instil the importance of good behaviour at Breakfast Club as poor behaviour may put themselves or others in danger and the place may be withdrawn

Important medical information, including food allergies:

I agree to the terms stated above.

Signed: _____ Name of parent/carer: _____