BREAKFAST CLUB F2 to Yr6 REGISTRATION FORM

Name of child: _____Year Group: _____ Date: _____

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

I would like my child to attend Breakfast Club on a flexible basis ☐

Terms:

- Payment must be made in advance, booked via Squid, £3 per session per child
- 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

Important medical information, including food allergies:

I agree to the term stated above.

Signed: _____ Name of parent/carer: _____