

BREAKFAST CLUB BOOKING FORM
(6th January – 14th February)

Childs Name: _____ Class _____

Sibling Name: _____ Class _____

Sibling Name: _____ Class _____

Medical Information

Doctor's Name _____ Doctor's Address: _____

Doctor's Telephone Number _____

Does your child/ren suffer from any medical conditions? Eg: Asthma, Eczema, Hearing, Speech, etc? (if so please give details):

Does your child/ren have any allergies? _____

I would like to book the following sessions every week for breakfast club:

DATE	Please tick as required	COST £2.00
Monday 6 th January		
Tuesday 7 th January		
Wednesday 8 th January		
Thursday 9 th January		
Monday 13 th January		
Tuesday 14 th January		
Wednesday 15 th January		
Thursday 16 th January		
Friday 17 th January		
Monday 20 th January		
Tuesday 21 st January		
Wednesday 22 nd January		
Thursday 23 rd January		
Friday 24 th January		
Monday 27 th January		
Tuesday 28 th January		
Wednesday 29 th January		
Thursday 30 th January		
Friday 31 st January		
Monday 3 rd February		
Tuesday 4 th February		
Wednesday 5 th February		
Thursday 6 th February		
Friday 7 th February		
Monday 10 th February		
Tuesday 11 th February		
Wednesday 12 th February		
Thursday 13 th February		
Friday 14 th February		
TOTAL AMOUNT PAID		

(Please tick all which apply)

I understand each session costs £2.00 per pupil, £1 for siblings and is booked on a permanent basis and I will give four weeks' notice for any changes.

Signed _____ (parent/carer) Date _____