BREAKFAST CLUB ADMISSION FORM – School Copy

Name of child: ………………………………………………………………..…………………………………………………………………

Age: ………………………………………... Year group: …………………………………………………………………………………..

Food Allergy: …………………………………………………………………………………………………………………………………….

To ensure a place for your child all bookings must be made via parent pay by 3pm the night before, otherwise we cannot guarantee there will be spaces available, due to limited spaces available. Each session costs £2.50.

PARENTAL CONSENT:

* An adult will escort my child into Breakfast Club
* I acknowledge that this is a school club
* I will inform the office is there is any change to my child’s medical requirements and contact details

Parent/Guardian Signature: ……………………………………………………………………….........................................

Print Name: ……………………………………………………………………………. Date: ……………………………………………..

BREAKFAST CLUB ADMISSION FORM – Parent Copy

Name of child: ………………………………………………………………..…………………………………………………………………

Age: ………………………………………... Year group: …………………………………………………………………………………..

Food Allergy: …………………………………………………………………………………………………………………………………….

To ensure a place for your child all bookings must be made via parent pay by 3pm the night before, otherwise we cannot guarantee there will be spaces available, due to limited spaces available. Each session costs £2.50.

PARENTAL CONSENT:

* An adult will escort my child into Breakfast Club
* I acknowledge that this is a school club
* I will inform the office is there is any change to my child’s medical requirements and contact details

Parent/Guardian Signature: ……………………………………………………………………….........................................

Print Name: ……………………………………………………………………………. Date: ……………………………………………..