



Breakfast Club Agreement for Summer 2 Term

please complete and return by 17/05/24

Pupil's Name: _____ Registration Group: _____

- I would like my child to attend Breakfast Club and understand that they must sign in at the school reception **no later than 07.40am.**
- I enclose a booking form and payment for the first half term.
- I understand that no refund will be offered if my child is unable to attend Breakfast Club.
- I have read the behaviour expectations and have discussed them with my child.

Emergency contact details

Name: _____

Relationship to child: _____

Telephone number: _____

My child has the following food allergies:

My child has the following medical condition of which the breakfast club staff must be aware:

Signed: _____

Name (print): _____ Date: _____

