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| **Name of Child** | **Year group** | **Any dietary needs/allergies?** |
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**Breakfast Club Booking Form**

**Booking terms:**

* Payment should be made in advance on the Monday of each week (or before the day of the session if not attending the full week). Payments can also be made in advance for the whole half term if you prefer.
* Once a booking form has been received a place will be reserved for your child as requested for the full school year.
* Four weeks’ notice is required if you wish to cancel or amend this agreement.
* Please inform the office if your child is not attending a session for any reason.
* Children attending breakfast club are expected to behave appropriately and follow our school rules.
* There will be no credits or refunds given for missed sessions, including if your child is ill.
* We are unable to issue refunds once places are paid for.
* If the breakfast club is cancelled for any reason we will contact you either by phone or text as soon as possible.
* Our staff will be able to serve breakfast between 7:30am and 8:20am

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick to indicate the days required** | | | | | | | | | |
| Breakfast club from 7.30am | | | | | Breakfast club from 8.00am | | | | |
| **M** | **T** | **W** | **T** | **F** | **M** | **T** | **W** | **T** | **F** |
|  |  |  |  |  |  |  |  |  |  |

**Signed**:………………................................. **Relationship to child**: ………………………………..