



Breakfast Club Booking Form

Date

Name of child.....Class.....

Place required:

(Please insert dates required)

From.....To.....

Total number of days required.

Alternatively, please tick and complete as appropriate:

- Whole week commencing
- Half Term
- Term

Please use this space to inform us of any medical information e.g. allergies that we should be aware of:

PLEASE NOTE THAT PAYMENT IN FULL IS REQUIRED THROUGH SIMS-PAY AT THE TIME OF BOOKING

Office use only
 Paid on SIMs

Signed.....Parent/Carer

