

Extended Services Breakfast Club



I would like my child to attend:

Breakfast Club

Monday / Tuesday / Wednesday / Thursday / Friday

Please indicate which day(s) you would like your child to attend

Name of Child _____

Name of Parent / Carer _____

Contact Telephone Numbers: (Mobile) _____

(Home) _____ (Work) _____

Emergency Contact (details of person who will collect your child if you could not)

Name of person _____

Tel. No. _____

Please detail if your child has any of the following:

Allergies _____

Medication _____

Any other needs _____