



Halstead Community Primary School Breakfast Club Registration Form

Child's name:**Age:****Class:**

Address:

.....

Parent(s) contact No:

Email:

Any medical conditions or allergies:

.....

.....

Please tick this box if you would like the same day/s every week

If you require specific dates please book by writing the dates under the relevant days.

Monday	Tuesday	Wednesday	Thursday	Friday

Cost per session = £3

Earliest drop off 8:00 am (no earlier please)

Please note that booking and payment is required in advance.

Please make cheques payable to: Halstead Community Primary School

I consent to a general anaesthetic/medical treatment being administered if necessary.

Breakfast Club cannot accept any responsibility for any personal injury or for any damage or loss to clothing, footwear or any personal belongings.

Signed: **Date:**