



## Breakfast Club Agreement – please complete and return



Pupil's Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

- I would like my child to attend Breakfast Club and understand that they must sign in at the school reception between 7.30am and 7.45am.
- 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: \_\_\_\_\_

