

Lavant Breakfast Club Registration Form



Child's Name:				
Year Group:				
Parent's or Ca	arer's Name: .			
Telephone nu	mber			
		eep in touch and to e		
Medical or die	tary needs o	food allergies:		
Days required	l: please circl	е		
Monday	Tuesday	Wednesday	Thursday	Friday
What date wo	uld you like y	our child to start atte	ending the Breakfas	st club?
Start Date:				
		8am. Please make su trance. There will not b		es not arrive before this time and only pefore 7.45am.
At 8.50 KS1 ar classroom.	nd KS2 childre	n will make their way to	o their classrooms. I	Early Years children will be taken to the
		o is £4 per session and ank transfer or by chec		id half term in advance.
No child will be office or at the	_	in attending the club	until a registration	form has been filled in at the school
	Lava	nt Primary Sch	ool Terms an	d Conditions
Please rea	ad the foll	owing and sigr	n below:	
begir I agree swap I agree circu	nning of eace to the casel a session ped. Additive to call the metances.	ch week if this has ncellation policy: n. Individual sessi onal bookings ca e club if my child	s been agreed. half a term's no ions cannot be o n be made prov will not be atte	alf term in advance, or at the otice is needed to permanently cancelled and days cannot be iding there are spaces. Inding due to illness or other at the time of completion.















