



ST LOUIS CATHOLIC PRIMARY SCHOOL

Breakfast Club Registration Form

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|--|----------------------------|
| Your name: | Your mobile number: |
| Relationship to child/children: | |

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|-------------------------|---------------|
| Name of Child 1: | Year : |
| Name of Child 2: | Year : |
| Name of Child 3: | Year : |

- I would like my child/children to attend Breakfast Club:
- I understand that there are rules for the Breakfast Club which my child will be expected to follow
- I understand that there will be a charge of £5.00 per day. Arrangements for this will be sent to me once my child has been registered.
- I understand that my child will NOT be able to attend Breakfast Club if I do not return this registration form

My child has the following food allergies:

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Signature of Parent/Guardian.....Date.....