

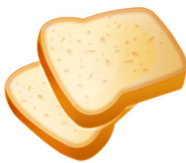


Garlinge Primary School and Nursery

Breakfast Club

I wish to apply for a place for my child to attend Breakfast Club each week on the following days:

Please tick



Monday	
Tuesday	
Wednesday	
Thursday	
Friday	



I understand that it is my responsibility to ensure my child arrives safely and at the agreed time of 8.00am. I agree to making regular payments for my child's breakfast for all days booked.

Signed _____ Date _____

Child's Name _____ Class _____

Please indicate clearly if your child has any dietary requirements due to known food allergies or medical conditions: