



St George's School Breakfast Club

NAME(S) OF PUPIL(S)

YEAR GROUP

NAME OF PARENT/CARER _____

- I would like my child/children to attend the Breakfast Club
- I understand that the school will only be responsible for my child/children from 8.00am
- I understand that the last breakfast will be served at 8.25 am
- I understand that the payment is £10 per week
- I understand that, if I do not pay, breakfast will not be provided the following week
- I understand that my child/children must attend Breakfast Club every day (unless unwell)

Signed: _____ Parent/Carer

Date: ____ / ____ / ____

My child is allergic to _____