

Janvrin Breakfast Club



Childs Full Name		Class	Age	Date of Birth
START DATE NEEDED:				
Address:				
Contact telephone number: Work number:		Mobile number:		
Email address:				
Additional contact number:				
Relationship to child:				
Monday		I confirm that my child will attend on these days <u>only</u> . Extra days will be booked in advance		
Tuesday				
Wednesday				
Thursday				
Friday				
<u>Payment Details: Cash or Cheque payable to Janvrin School Fund</u>				
Any dietary requirements or allergies?		YES/NO		
Any medical conditions/requirements?		YES/NO		
<u>If yes please give details below</u>				
DETAILS:				
NOTE: All payments are to be paid in advance of attendance – ½ termly Additional days can be requested depending on the numbers of children attending and sufficient notice given in order to be able to accommodate your request. This can be paid for on the day of attendance.				
Parent/Carer full name		I have read and understand the Breakfast Club terms and conditions policy Yes/No		
		Parent/Carer signature		
		Date:		
Any queries please contact the school main office: 731306 Email: breakfast.club@janvrin.sch.je				

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