



DAVINGTON PRIMARY SCHOOL

BREAKFAST CLUB

I would like my child/ren to attend the Davington Primary School Breakfast Club
(please give full name/s)

.....
.....

Commencing on

Dietary/Allergy information:

.....

Medical Information:

He/She/They will attend on the following mornings every week:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

I agree to pay the following fees via Parentpay, **in advance every week**

Per day per child £3.00

Parent/Guardian Signature

Date:.....