



BREAKFAST CLUB BOOKING FORM

CHILD NAME:

CLASS:

CHILD NAME:

CLASS:

DATE:

CONTACT NUMBER:

**PLEASE TICK THE DAYS YOU REQUIRE AND
FILL IN THE START DATE OF THE WEEK**

WEEK STARTING	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
13/04/26					

NOTES

Please note that **sessions cost £2.50** and payment must be made through **ParentPay**. Please make sure that your ParentPay Breakfast Club account is kept in credit. All pre-booked sessions will be charged in full. Refunds will not be made for none attendance, unless the school office has received notice of the cancellation at least 48 hours before the session. **Please return this form to the school office or via email to enquiries@hillsborough.sheffield.sch.uk**

Signed: _____

Relationship to child: _____

Date: _____