



REQUEST TO START ATTENDING BREAKFAST CLUB OR LUNCH

Start Date: _____

Name	Class

I hereby give notice that the above named child/children would like to commence

Breakfast Club

Lunch

the week beginning: _____ and I would like my child/children to have breakfast / lunch on:

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

(Please tick appropriate boxes)

I understand that breakfast costs **£1.50 per day**, Lunch costs **£2 per day**.

If we do not receive payment we will be unable to guarantee your child/children a place at Breakfast Club/Lunch

Payments should be sent to school in a sealed envelope bringing them to the School Office. Cheques should be made payable to St Michael's Academy.

All subsequent payments will need to be made in advance.

Signed: _____

Parent/Guardian

Name: _____

Print Name

p:\office\word processing\breakfast club\breakfast club application.doc.docx

Headteacher Matt Vella

Deputy Head Cara Compton-Foster

Chair of Governors Ed Pyke

Business Manager Sharon Whatmore

A company limited by guarantee, registered in England and Wales | Company Number 8210739

Registered Office - St Michael's Academy, Grass Royal, Yeovil BA21 4JW

Personal Details Form
Breakfast Club

Child's Name	
Parent/Carer Name	
Address	
Contact Tel No	Mobile:
	Home:
Please indicate whether your child has any food allergies:	
Please indicate whether your child has any medical conditions we need to be aware of:	
Signed – Parent	
Print Name	
Date	