

BRAIDSIDE BREAKFAST CLUB



EXPRESSION OF INTEREST FORM

CHILD(REN)'S NAME(S): _____

CLASS(ES) IN SEPT '21: _____

DAYS TO ATTEND BREAKFAST CLUB: (please circle)

Mon

Tues

Wed

Thurs

Fri

Cost per pupil per day: £1.50

Time : 8:15am-8:50am

SIGNED: _____ (PARENT/ GUARDIAN)

DATE: _____

PLEASE ENSURE THIS FORM IS RETURNED TO SCHOOL BY FRIDAY 18TH JUNE