

**WHITEKNIGHTS SCHOOL  
BREAKFAST CLUB**

**Child's/Children's names**

(1) \_\_\_\_\_ Age \_\_\_\_\_

(2) \_\_\_\_\_ Age \_\_\_\_\_

(3) \_\_\_\_\_ Age \_\_\_\_\_

**Class Teacher** (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Carer's name** \_\_\_\_\_

**Contact Telephone Number** \_\_\_\_\_

\_\_\_\_\_

**Please tick the day(s) each week you would like to use the club:**

Monday

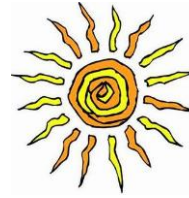
Tuesday

Wednesday

Thursday

Friday

**Please return this form to the school reception.  
The Supervisor will contact you with your contract.**



**Rise and Shine**

**Breakfast Club**



**Whiteknights Primary School**

