



**BREAKFAST CLUB**

I THE PARENT/CARER OF \_\_\_\_\_  
 WISH TO PLACE MY CHILD/CHILDREN IN THE CARE OF EYE SPY OUT OF SCHOOL  
 CLUB FOR MORNINGS BELOW

GUISELEY INFANTS / St. OSWALD'S (delete as appropriate)

| DAY       | MON. | TUES. | WED. | THURS. | FRI. |
|-----------|------|-------|------|--------|------|
| SESSION   |      |       |      |        |      |
| BREAKFAST |      |       |      |        |      |

THE BREAKFAST CLUB IS OPEN FROM 7:30a.m. EACH WEEKDAY AND THE CHARGE IS  
 £5:00 PER SESSION  
 IF BREAKFAST NOT REQUIRED £3.00

SCHOOL TRAINING DAYS ARE COVERED AND THE CHARGE IS £2:50 PER HOUR AFTER  
 THE INITIAL £5:00 CHARGE UP TO 9:00a.m

BREAKFAST WILL BE IN THE FORM OF TOAST/CEREAL, JUICE/MILK, PANCAKES AND  
 FROMAGE FRAIS.

I UNDERSTAND THAT THE DAYS THAT I HAVE REQUESTED ARE FULLY PAYABLE  
 WHETHER MY CHILD/CHILDREN ATTENDS OR ARE ABSENT FROM, AS A PLACE IS  
 ALLOCATED ON AGREEMENT.

SIGNED PARENT/CARER \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNED J. JACKSON \_\_\_\_\_ DATE \_\_\_\_\_



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