



Breakfast, After School and Holiday Club
Thrapston Primary Extended School Services

Head teacher: Mrs Pauline Turner

Breakfast Club Application Form

I/We would like to reserve a Breakfast Club place for my/our child.

Name of Child: _____ Class: _____

Contact Telephone Number: _____

Contact Email Address: _____

Date of commencement: _____

Ongoing Place/One Off Session (please delete as appropriate)

Days Required (Please tick):

Monday

Tuesday

Wednesday

Thursday

Friday

I have read and accept the Breakfast Club Terms and Conditions.

Signed: _____

For Office Use Only

Availability checked and advised to parent

Name placed on register/waiting list

Initial Invoice sent (date)