

HEADTEACHER: Mr S. Chiswell, BA Ed (Hons) NPQH
DEPUTY HEADTEACHER: Mrs L. Waldram, BSc (Hons) PGCE

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**BREAKFAST CLUB/AFTER SCHOOL CLUB
REGISTRATION / BOOKING FORM**

CHILD'S NAME: **DATE OF BIRTH:** **YEAR:**

EMERGENCY CONTACT NUMBERS:

1ST CONTACT: NAME: **RELATIONSHIP TO CHILD:**

TEL: **TEL:** **TEL:**

2ND CONTACT; NAME: **RELATIONSHIP TO CHILD:**

TEL: **TEL:** **TEL:**

My child has the following medical condition(s):

.....
.....

My child may wish to attend Breakfast Club on the following days:	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
I understand that the current cost per hour or part of an hour is £3.50	

PARENT /CARER'S SIGNATURE: **DATE:**



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