



**DALMAIN SCHOOL BREAKFAST CLUB**

**APPLICATION FOR AD HOC DAYS**

**NAME(S) OF PUPIL(S)**

**YEAR GROUP**

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**NAME OF PARENT/CARER**

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- I would like my child/children to attend the Breakfast Club on the following date(s):

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- I understand that the school will only be responsible for my child/children from 8.00am
- I understand that the last breakfast will be served at 8.25 am
- I enclose payment of £4 per ad hoc day or £2 per ad hoc day if I am eligible for Free School Meals or Pupil Premium funding.

**Signed:** \_\_\_\_\_ Parent/Carer

**Date:** \_\_\_ / \_\_\_ / \_\_\_

My child is allergic to \_\_\_\_\_