

SBS Breakfast Club: Registration Form – 7.30am – 8.30am



Name:	Class:
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Emergency contact details:

1.

2.

Any medical needs:	Any other needs:
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Any known food allergies:

Booking details: Please tick the days you would like.

Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>
29 th Oct		30 th		31 st		1 st Nov	
5 th		6 th		7 th		8 th	
12 th		13 th		14 th		15 th	
19 th		20 th		21 st		22 nd	
26 th		27 th		28 th		29 th	
3 rd Dec		4 th		5 th		6 th	
10 th		11 th		12 th		13 th	
17 th		18 th		19 th		20 th	

I enclose payment for ____ sessions @ £4.00 per session TOTAL £ ____

I will pay online for ____ sessions @ £4.00 per session TOTAL £ ____

Signed

Date