

St Mary Magdalene Catholic Primary
Breakfast Activity Club 2024/25
Booking Form

Name of Child/ren: _____ Teacher's Name: _____

Please tick the boxes in the table below to indicate which sessions your child/ren will be attending.

Week commencing	Monday	Tuesday	Wednesday	Thursday	Friday	STAFF USE TOTAL
06/01/25						
13/01/25						
20/01/25						
27/01/25						
03/02/25						
10/02/25						

Please give details of:

Any dietary requirements your child may have:

Any allergies your child may have:

Any other information to ensure all your child's needs are met:
