

Lydalls Chameleon Club Booking Form – 3 Year Olds

Breakfast and Lunch Requests

Child's Name:

Date of Birth:/...../.....

Parent Name:

Address:

.....

Postcode:

Contact Tel No:

Email:

Breakfast Club (0800 – 0845)

Please tick all days that you would like your child to attend Breakfast Club

Monday Tuesday Wednesday Thursday Friday

Breakfast is provided; please advise if your child has any food intolerances, food allergies or dietary requirements so that we can cater for their needs.

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From what date do you wish this booking to start?/...../.....

Lunch Club (1145 – 1245)

Please tick all days that you would like your child to attend Lunch Club

Monday Tuesday Wednesday Thursday Friday

From what date do you wish this booking to start?/...../.....

Children are required to bring in their own packed lunch

Parent Declaration:

I confirm that I have read and agreed to the terms and conditions for this booking

Signed:

Name:
 (please print)

Date:/...../.....

For office use only:

Booking checked and added? Staff Signature: Date:/...../.....