

Lydalls Chameleon Club Booking Form – 3 Year Olds

Breakfast and Lunch (Wraparound Care) Requests

Child's Name:

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

Parent Name:

Contact Tel No:

Email:

Breakfast Club (0800 – 0845) *Please ask a member of staff for the current schedule of fees*

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.

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

Lunch Club (1145 – 1245) *Please ask a member of staff for the current schedule of fees*

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:/...../.....