

KINSALE INFANT SCHOOL BREAKFAST CLUB



Child/Childrens names _____

Commencement Date _____

Please tick all sessions required				
Monday	Tuesday	Wednesday	Thursday	Friday

Total Sessions per week

Single Child Price - £4 per session

Please supply preferred email address below to receive monthly invoices in arrears:

I understand that should the school close for any unforeseen circumstances, there will be a charge of 50% to cover our staff and food costs

I understand that the days I have indicated will be reserved for my child/children and that the session/s must be paid whether my child/children attend or not.

I agree to continue to pay the sessions I have indicated and that I must give one month's notice, in writing to Mrs Grand or email to finance@kinsaleinfant.norfolk.sch.uk to cancel my childs place/s

Signed _____

Full Name _____

Date _____