

# *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
<b>21/04/25</b>	BANK HOLIDAY					
<b>28/04/25</b>						
<b>05/05/25</b>	BANK HOLIDAY					
<b>12/05/25</b>						
<b>19/05/25</b>						

**Please give details of:**

**Any dietary requirements your child may have:**

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**Any allergies your child may have:**

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

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