

HOPE COMMUNITY SCHOOL
Morning Larks Breakfast Club
Autumn Term 2025



CHILD's NAME:	CLASS:
CHILD's NAME (Sibling):	CLASS:
CHILD's NAME (Sibling):	CLASS:

I (parent/carer) _____ request the following dates for my child/children to attend the Breakfast Club [7.45 am to 8.40am]

Prices

Breakfast Club is £5 per session per child.

Breakfast Club is £3 per session per sibling.

Dates

Please tick the box(es) below of the session dates you would like to book:-

WEEK COMMENCING: 1 September 2025

MON	TUES	WEDS	THURS	FRI
NO CLUB				

WEEK COMMENCING: 8 September 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 15 September 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 22 September 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 29 September 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 6 October 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 13 October 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 3 November 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 10 November 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 17 November 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 24 November 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 1 December 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 8 December 2025

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 15 December 2025

MON	TUES	WEDS	THURS	FRI

I understand that upon receipt of this signed form, Hope Community School will book my child(ren) into the Breakfast Club on the dates listed above and will issue an invoice which must be paid by the due date on the invoice, whether I pay in full upfront or a combination of part payments. I must make payment in full for each week my child/children have been requested to be booked in above, regardless of whether or not they actually attend.

Parent/Carer Signature: _____

Parent/Carer Name: _____

Date: _____

Parent/Carer Phone No: _____

Parent/Carer E-mail address: _____

COMPLETED FORM TO BE RETURNED TO THE SCHOOL BY FRIDAY 11 JULY IN ORDER TO ENSURE YOUR PLACE(S) ARE RESERVED.