



ST. MARTIN'S PRIMARY SCHOOL



Mrs C Giles
Headteacher

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St Martin's Primary School
Route des Coutures
St Martin
GUERNSEY
GY4 6HN

BREAKFAST CLUB FORM 2024/2025

Pupil Name:

YEAR GROUP: (please tick)

<input type="checkbox"/> YEAR R	<input type="checkbox"/> YEAR 1	<input type="checkbox"/> YEAR 2
<input type="checkbox"/> YEAR 3	<input type="checkbox"/> YEAR 4	<input type="checkbox"/> YEAR 5
<input type="checkbox"/> YEAR 6		

Which days do you require at breakfast club (tick all that apply):

<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY
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Please advise start date:



Please advise of any medical/dietary information:

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Emergency contact information (please list name(s) and priority contact number(s):

1.
2.
3.
4.

Payment on receipt of invoice will be made by:

- Bank Transfer
- Cheque (payable to "St Martin's Primary School")
- Cash
- Installments

