

Breakfast Club Booking Form

Child's Name _____

Class: _____

Term 1 Half Term 1: 02/09/2019-25/10/2019 (please tick required days)

	W/C	W/E	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	02/09/2019	06/09/2019	INSET	INSET			
Week 2	09/09/2019	13/09/2019					
Week 3	16/09/2019	20/09/2019					
Week 4	23/09/2019	27/09/2019					
Week 5	30/09/2019	04/10/2019					
Week 6	07/10/2019	11/10/2019					
Week 7	14/10/2019	18/10/2019					
Week 8	21/10/2019	25/10/2019					

I have included £ _____ to pay for the above session at £2.50 per session on the understanding that no money can be refunded. As per Breakfast and After School Club Policy.

In the event of an accident, I give staff members authority to act upon medical advice if they cannot contact me in time.

I have read and understood the Breakfast Club and After school club policy and have returned the pupil details form.

Signed: _____

Relationship to child: _____