

## Breakfast Club Booking Form

Child's Name \_\_\_\_\_

Class: \_\_\_\_\_

### Term 1 Half Term 2: 04/11/19-20/12/2019 (please tick required days)

	W/C	W/E	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>	04/11/2019	08/11/2019					
<b>Week 2</b>	11/11/2019	15/11/2019					
<b>Week 3</b>	18/11/2019	22/11/2019					
<b>Week 4</b>	25/11/2019	29/11/2019					
<b>Week 5</b>	02/12/2019	06/12/2019					
<b>Week 6</b>	09/12/2019	13/12/2019					
<b>Week 7</b>	16/12/2019	20/12/2019					

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: \_\_\_\_\_