

Breakfast Club Booking Form

Child's Name _____

Class: _____

Term 2 Half Term 1: 06/01/2020-14/02/2020 (please tick required days)

	W/C	W/E	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	06/01/2020	10/01/2020	INSET				
Week 2	13/01/2020	17/01/2020					
Week 3	20/01/2020	24/01/2020					
Week 4	27/01/2020	31/01/2020					
Week 5	03/02/2020	07/02/2020					
Week 6	10/02/2020	14/02/2020					

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: _____