

## Breakfast Club Booking Form

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

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

### Term 2 Half Term 2: 24/02/20-03/04/2020 (please tick required days)

	W/C	W/E	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b>	24/02/2020	28/02/2020					
<b>Week 2</b>	02/03/2020	06/03/2020					
<b>Week 3</b>	09/03/2020	13/03/2020					
<b>Week 4</b>	16/03/2020	20/03/2020					
<b>Week 5</b>	23/03/2020	27/03/2020					
<b>Week 6</b>	30/03/2020	03/04/2020					

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: \_\_\_\_\_