

Breakfast Club Booking Form

Child's Name _____

Class: _____

Term 3 Half Term 2: 01/06/2020-17/07/2020 (please tick required days)

	W/C	W/E	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	01/06/2020	05/06/2020					
Week 2	08/06/2020	12/06/2020					
Week 3	15/06/2020	19/06/2020					
Week 4	22/06/2020	26/06/2020					
Week 5	29/06/2020	03/07/2020					
Week 6	06/07/2020	10/07/2020					
Week 7	13/07/2020	17/07/2020					

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: _____