**To school office – Treetops Breakfast Club Booking Form Term 5 & 6 - 2017/18**

**Child’s name……………………………………………….. Class…………………………………..**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week Commencing** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **No of Sessions** |
| **16th April** |  |  |  |  |  |  |
| **23rd April** |  |  |  |  |  |  |
| **30th April** |  |  |  |  |  |  |
| **7th May** |  |  |  |  |  |  |
| **14th May** |  |  |  |  |  |  |
| **21st May** |  |  |  |  |  |  |
| **28th May** |  |  |  |  |  |  |
| **4th June** |  |  |  |  |  |  |
| **11th June** |  |  |  |  |  |  |
| **18th June** |  |  |  |  |  |  |
| **25th June** |  |  |  |  |  |  |
| **2nd July** |  |  |  |  |  |  |
| **9th July** |  |  |  |  |  |  |
| **16th July** |  |  |  |  |  |  |
| **23rd July** |  |  |  |  |  |  |
|  | **Total number of sessions** |  |
| **No of sessions x £4** | **£** |

**Please tick the sessions you require.**

Payment can be made via Wisepay, we also accept Childcare vouchers (please speak to the office for more details). Please make cheques payable to Acorn Education Trust.

Emergency Contact Details………………………………………………………..

Medical requirements ………………………………………………………………

Food allergies ……………………………………………………………………………

Signed ……………………………………………………Date ………………………….