**Breakfast Club Booking Form**

**Term 5 & 6 2020/21**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week Commencing** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **No of Sessions** |
| **19th April 2021** |  |  |  |  |  |  |
| **26th April 2021** |  |  |  |  |  |  |
| **3rd May 2021** |  |  |  |  |  |  |
| **10th May 2021** |  |  |  |  |  |  |
| **17th May 2021** |  |  |  |  |  |  |
| **24th May 2021** |  |  |  |  |  |  |
| **7th June 2021** |  |  |  |  |  |  |
| **14th June 2021** |  |  |  |  |  |  |
| **21st June 2021** |  |  |  |  |  |  |
| **28th June 2021** |  |  |  |  |  |  |
| **5th July 2021** |  |  |  |  |  |  |
| **12th July 2021** |  |  |  |  |  |  |
| **19th July 2021** |  |  |  |  |  |  |
|  | **Total number of sessions** |  |
| **No of sessions x £4** | **£** |

**Please tick the sessions you require.**

Payment for bookings made must be made via Wisepay in advance.

No cheques or cash.

There will be no refunds for bookings made where your child was unable to attend due to illness or appointment (unless this is agreed with the office).

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

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

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