**BREAKFAST CLUB - BOOKING FORM – TERM …..**

The Breakfast Cluboperates every morning each week of Term from **8.00am- 8.40am** term time only, the cost per session is **£2.50 including breakfast.**

Please indicate with a tick which days you require.

Do you require breakfast **Yes/ No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

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

**2nd Child’s name …………………………………………………………………………...**

**3rd Child’s name …………………………………………………………………………….**

**Please tick this box if you require the above booking to continue until the end of the current academic year (*You will still be invoiced termly, but will not be required to complete a termly booking form*)**

• **I understand that sessions must be paid in advance and no refunds will be given due to absence**

• **I understand that I shall receive an invoice for payment during the term before that booked, and that the preferred method of payment is bank transfer to 30-93-48 78786963 (please quote your account reference)**

• I understand that session times will be 8.00am – 8.40am.

• I understand my child will be given breakfast consisting of toast, cereal or a pastry and a drink if required and the arrival time is between 8.00 – 8.20am.

• Dietary requirements for individual children need to be discussed with Club staff, including allergies.

• Children will be delivered to the playground where a teacher will be on duty at 8.45am.

• I agree to keep a child away from the club if s/he is sick or if advised to do so by a doctor and/or staff members. (Vomiting and diarrhoea must be clear for 24 hours).

• I have read the Breakfast Club Terms and conditions.

Signed: ……………………………………………………………………… Name …………………………………………………….

Date: …………………………………………………………………….

|  |  |
| --- | --- |
| FOR OFFICE USE | |
| BOOKED |  |
| INVOICED |  |
| PAID |  |
| BANKED |  |

