

**Booking Form for Breakfast Club**

Monday to Friday 7:30am – 8:45am

Child’s Name ……………………………………………………

Class ………………………

**Please tick the days you wish your child to attend Breakfast Club.**

**Please complete ( Week commencing) section at the top.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Booking | Week commencing: | WC: | WC: | WC |
| MON |  |  |  |  |
| TUES |  |  |  |  |
| WED |  |  |  |  |
| THUR |  |  |  |  |
| FRI |  |  |  |  |

**Signed: Parent/Carer……………………………………………………………………**

**Date…………………….**