



Breakfast Club & After School Provision Booking Form

Ad- Hoc Booking

Name:

Class:

Food Intolerances/ Allergy Information:

.....

I would like my child to attend the following sessions:

	Start time	End time	Please tick v
Breakfast Club	7:30am	8:55am	
	8:00am	8:55am	
<i>Other time (please specify)</i>		8:55am	
After School Provision	15:15pm	17:00pm	
	15:15pm	18:00pm	
	16:15pm	17:00pm	
	16:15pm	18:00pm	
<i>Other time (please specify)</i>		18:00pm	

On the following dates:

.....

Once a session has been attended the school office will send an invoice which is required to be paid within 7 days. Please speak to the school office for payment details.

Parent/Carer Name:

Date:.....

Signature: