

**SHOBNALL PRIMARY & NURSERY SCHOOL**



|  |  |
| --- | --- |
| TERM: | BOOKING FORM – BREAKFAST CLUB |
| WEEK COMMENCING: |  |

|  |  |
| --- | --- |
| NAME OF CHILD |  |
| DATE OF BIRTH: |  |
| ANY MEDICATION REQUIREMENTS: |  |
| SPECIAL DIETARY REQUIREMENTS: |  |

|  |  |  |
| --- | --- | --- |
| Day | Breakfast Club£4.00 per child | Breakfast£1 per child**PAID IN CASH** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

Please book my child in for the days and times indicated above. I will let you know in advance if my child will not be attending a booked session. I understand that the Club cannot give refunds for any sessions that I have booked but which my child does not attend.

|  |  |
| --- | --- |
| SIGNED:(Person with parental responsibility) |  |
| DATED: |  |