**Breakfast and After School Provision**

**Booking Form**

**Spring 1**

|  |
| --- |
| **Child’s Name:** |
| Date of Birth: | Class: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Breakfast | After School | Time of Collection |  | Date | Breakfast | After School | Time of Collection |
| E.g. |  |  | 5.00pm |  |
| Tues 7th Jan |  |  |  | Fri 31st Jan |  |  |  |
| Wed 8thJan |  |  |  | Mon 3rd Feb |  |  |  |
| Thurs 9th Jan  |  |  |  | Tues 4th Feb |  |  |  |
| Fri 10th Jan |  |  |  | Wed 5th Feb |  |  |  |
| Mon 13th Jan |  |  |  | Thurs 6th Feb |  |  |  |
| Tues 14th Jan |  |  |  | Fri 7th Feb |  |  |  |
| Wed 15th Jan |  |  |  | Mon 10th Feb |  |  |  |
| Thurs 16th Jan |  |  |  | Tues 11th Feb |  |  |  |
| Fri 17th Jan |  |  |  | Wed 12th Feb |  |  |  |
| Mon 20th Jan |  |  |  | Thurs 13th Feb |  |  |  |
| Tues 21st Jan |  |  |  | Fri 14th Feb |  |  |  |
| Wed 22nd Jan |  |  |  |  |  |  |  |
| Thurs 23rd Jan  |  |  |  |  |  |  |  |  |
| Fri 24th Jan |  |  |  |  |  |  |  |  |
| Mon 27th Jan |  |  |  |  |  |  |  |  |
| Tues 28th Jan |  |  |  |  |  |  |  |  |
| Wed 29th Jan  |  |  |  |  |  |  |  |  |
| Thurs 30th Jan |  |  |  |  |  |  |  |  |

I give permission for the above to watch a PG rated film.

Signed: ………………………………………………………………….. *Parent/Guardian* Date: ………………………………………………

**Please complete the booking form and return it to the school office. Sessions will then be booked and an invoice issued for payment. Payment must be paid a half term in advance of attendance. For any payment issues please contact the school office.**