**Breakfast and After School Provision**

**Booking Form**

**Spring 2**

|  |
| --- |
| **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 |  |
| Mon 24th Feb |  |  |  | Thurs 20th Mar |  |  |  |
| Tues 25th Feb |  |  |  | Fri 21st Mar |  |  |  |
| Wed 26th Feb |  |  |  | Mon 24th Mar |  |  |  |
| Thurs 27th Feb |  |  |  | Tues 25th Mar |  |  |  |
| Fri 28th Feb |  |  |  | Wed 26th Mar |  |  |  |
| Mon 3rd Mar |  |  |  | Thurs 27th Mar |  |  |  |
| Tues 4th Mar |  |  |  | Fri 28th Mar |  |  |  |
| Wed 5th Mar |  |  |  | Mon 31st Mar |  |  |  |
| Thurs 6th Mar |  |  |  | Tues 1st Apr |  |  |  |
| Fri 7th Mar |  |  |  | Wed 2nd Apr |  |  |  |
| Mon 10th Mar |  |  |  | Thurs 3rd Apr |  |  |  |
| Tues 11th Mar |  |  |  | Fri 4th Apr |  |  |  |
| Wed 12th Mar |  |  |  |  |  |  |  |  |
| Thurs 13th Mar |  |  |  |  |  |  |  |  |
| Fri 14th Mar |  |  |  |  |  |  |  |  |
| Mon 17th Mar |  |  |  |  |  |  |  |  |
| Tues 18th Mar |  |  |  |  |  |  |  |  |
| Wed 19th Mar |  |  |  |  |  |  |  |  |

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.**