**Breakfast and After School Provision**

**Booking Form**

**Summer 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 |  |
| Weds 23rd Apr |  |  |  | Fri 16th May |  |  |  |
| Thurs 24th Apr |  |  |  | Mon 19th May |  |  |  |
| Fri 25th Apr |  |  |  | Tues 20th May |  |  |  |
| Mon 28th Apr |  |  |  | Weds 21st May |  |  |  |
| Tues 29th Apr |  |  |  | Thurs 22nd May |  |  |  |
| Wed 30th Apr |  |  |  | Fri 23rd May |  |  |  |
| Thurs 1st May |  |  |  |  |  |  |  |
| Fri 2nd May |  |  |  |  |  |  |  |
| Tues 6th May |  |  |  |  |  |  |  |
| Wed 7th May |  |  |  |  |  |  |  |
| Thurs 8th May |  |  |  |  |  |  |  |
| Fri 9th May |  |  |  |  |  |  |  |
| Mon 12th May |  |  |  |  |  |  |  |
| Tues 13th May |  |  |  |  |  |  |  |
| Wed 14th May |  |  |  |  |  |  |  |
| Thurs 15th May |  |  |  |  |  |  |  |  |

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.**