**Breakfast and After School Provision**

**Booking Form**

**Autumn 2**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Breakfast | After School | Time of Collection |  | Date | Breakfast | After School | Time of Collection |
| E.g. |  |  | 5.30pm |  |
| Mon 3Nov  |  |  |  | Mon 1Dec |  |  |  |
| Tues 4Nov |  |  |  | Tues 2Dec |  |  |  |
| Wed 5Nov  |  |  |  | Wed 3Dec  |  |  |  |
| Thurs 6Nov  |  |  |  | Thurs 4Dec  |  |  |  |
| Fri 7Nov |  |  |  | Fri 5Dec |  |  |  |
| Mon 10Nov  |  |  |  | Mon 8Dec |  |  |  |
| Tues 11Nov |  |  |  | Tues 9Dec |  |  |  |
| Wed 12Nov  |  |  |  | Wed 10Dec  |  |  |  |
| Thurs 13Nov  |  |  |  | Thurs 11Dec  |  |  |  |
| Fri 14Nov |  |  |  | Fri 12Dec |  |  |  |
| Mon 17Nov  |  |  |  | Mon 15Dec |  |  |  |
| Tues 18Nov |  |  |  | Tues 16Dec |  |  |  |
| Wed 19Nov  |  |  |  | Wed 17Dec  |  |  |  |
| Thurs 20Nov  |  |  |  | Thurs 18Dec  |  |  |  |
| Fri 21Nov |  |  |  | Fri 19Dec |  |  |  |
| Mon 24Nov  |  |  |  |  |  |  |  |
| Tues 25Nov |  |  |  |  |  |  |  |
| Wed 26Nov  |  |  |  |  |  |  |  |
| Thurs 27Nov  |  |  |  |  |  |  |  |
| Fri 28Nov |  |  |  |  |  |  |  |

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.**