



**EARLY BIRDS BREAKFAST CLUB
BOOKING/REGISTRATION FORM**

Term 1 – Monday 4th September 2017 – Tuesday 17th October 2017

Name of child:

Password for collecting adults:

Emergency contact name and number (1):

Emergency contact name and number (2):

Allergies/special dietary needs:

Please complete the table below for an early start of 7.30am at a cost of £5.70

w/c	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Cost
4 th September						
11 th September						
18 th September						
25 th September						
2 nd October						
9 th October						
16 th October						
Total Cost (£)						

Please complete the table below for a start of 7.45am at a cost of £4.45

w/c	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Cost
4 th September						
11 th September						
18 th September						
25 th September						
2 nd October						
9 th October						
16 th October						
Total Cost (£)						
GRAND TOTAL (£)						

I enclose payment of _____ for all the sessions indicated above*

I have made a Childcare Voucher payment of _____ on _____ (date) for all the sessions indicated above* (*delete as applicable)

By signing this form

- I give permission for my child to attend the club sessions indicated above.
- I confirm that I have read and understood the Early Birds Breakfast Club Terms and Conditions.

Signed: Name: Date:

FOR OFFICE USE ONLY

Payment received (Y/N)	Cash	Cheque
Date	Received by:	