



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

**Term 3 – Friday 5<sup>th</sup> January 2018 – Friday 9<sup>th</sup> February 2018**

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
1 <sup>st</sup> January						
8 <sup>th</sup> January						
15 <sup>th</sup> January						
22 <sup>nd</sup> January						
29 <sup>th</sup> January						
5 <sup>th</sup> February						
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
1 <sup>st</sup> January						
8 <sup>th</sup> January						
15 <sup>th</sup> January						
22 <sup>nd</sup> January						
29 <sup>th</sup> January						
5 <sup>th</sup> February						
Total Cost (£)						
<b>GRAND TOTAL (£)</b>						

**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:	