



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

Term 4 – Tuesday 20th February 2018 – Thursday 29th March 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 |
|---------------------------|--------|---------|-----------|----------|--------|-------------|
| 19 th February | | | | | | |
| 26 th February | | | | | | |
| 5 th March | | | | | | |
| 12 th March | | | | | | |
| 19 th March | | | | | | |
| 26 th March | | | | | | |
| 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 |
|---------------------------|--------|---------|-----------|----------|--------|-------------|
| 19 th February | | | | | | |
| 26 th February | | | | | | |
| 5 th March | | | | | | |
| 12 th March | | | | | | |
| 19 th March | | | | | | |
| 26 th March | | | | | | |
| 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: | |