**Breakfast Club**

**Booking Form for ADHOC Sessions - November 2024**

**Name of child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick which additional days you wish your child to attend:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon 4 Nov** | **Tues 5 Nov** | **Wed 6 Nov** | **Thurs 7 Nov** | **Fri 8 Nov** |
|  |  |  |  |  |
| **Mon 11 Nov** | **Tues 12 Nov** | **Wed 13 Nov** | **Thurs 14 Nov** | **Fri 15 Nov** |
|  |  |  |  |  |
| **Mon 18 Nov** | **Tues 19 Nov** | **Wed 20 Nov** | **Thurs 21 Nov** | **Fri 22 Nov** |
|  |  |  |  |  |
| **Mon 25 Nov** | **Tues 26 Nov** | **Wed 27 Nov** | **Thurs 28 Nov** | **Fri 29 Nov** |
|  |  |  |  |  |

**Total sessions booked: at £4.50 per session = £**

**I would like to book these sessions in St Andrew’s Breakfast Club. I have read and agree to the Breakfast Club Terms and Conditions.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Parent/carer**

**Name of parent/carer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make payment via our School Money payment system**

**Thank you.**