

**Breakfast Club Booking Form****Year Group****Child's Name:**

I would like to book my child in to the following sessions in Term 2 30 October -20 December 2017.

*I would like to purchase a toothbrush* YES - NO

I agree to pay for the sessions in advance. I understand that if I fail to do so, my child's place may be withdrawn.

Monday	Tuesday	Wednesday	Thursday	Friday
30 OCT	31 OCT	1 NOV	2 NOV	3 NOV
AM	AM	AM	AM	AM
6 NOV	7 NOV	8 NOV	9 NOV	10 NOV
AM	AM	AM	AM	AM
13 NOV	14 NOV	15 NOV	16 NOV	17 NOV
AM	AM	AM	AM	AM
20 NOV	21 NOV	22 NOV	23 NOV	24 NOV
AM	AM	AM	AM	AM
27 NOV	28 NOV	29 NOV	30 NOV	1 DEC
AM	AM	AM	AM	AM
4 DEC	5 DEC	6 DEC	7 DEC	8 DEC
AM	AM	AM	AM	AM
11 DEC	12 DEC	13 DEC	14 DEC	15 DEC
AM	AM	AM	AM	AM
18 DEC	19 DEC	20 DEC – TERM ENDS		
AM	AM	AM	AM	AM