



Aslacton Breakfast Club Booking Form.

Name of Child: _____ Class: _____

Thank you for your interest in Aslacton Breakfast Club.

Please complete the booking form to secure sessions for 4/01/2018 – 28/03/2018

We require contracted sessions to be paid for on a half termly basis within 7 days of receipt of an invoice from the school office.

Parents must cancel a booking 24 hours prior to the session. Sessions missed due to illness will be charged unless 24 hours' notice is given.

| Week Beginning | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|--------|---------|-----------|----------|--------|
| 01/01/2018 | | | | | |
| 08/01/2018 | | | | | |
| 15/01/2018 | | | | | |
| 22/01/2018 | | | | | |
| 29/01/2018 | | | | | |
| 05/02/2018 | | | | | |
| HALF TERM | | | | | |
| 19/02/2018 | | | | | |
| 26/02/2018 | | | | | |
| 05/03/2018 | | | | | |
| 12/03/2018 | | | | | |
| 19/03/2018 | | | | | |
| 26/03/2018 | | | | | |

Name of Child

Signed Parent/Carer Date

Please sign to show you have read and understood the following:

- I understand that I will be invoiced half termly using the information provided on this form.
- I have agreed to pay fees for these additional services based on the times agreed and not actual attendance.
- I understand that sessions for the Breakfast Club will be charged at £3.50 per session.
- I understand that I must deliver my child to the school and sign in to confirm their attendance each session.