



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 16/04/2018 – 25/05/2018

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
16/04/2018					
23/04/2018					
30/04/2018					
07/05/2018					
14/05/2018					
21/05/2018					

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 monthly 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.



Aslacton Primary School, Church Road, Aslacton Norwich, Norfolk, NR15 2JH Tel: 01379 677345

Breakfast Club Registration Form

Name of Child _____

Address _____

Date of Birth _____

Name of Parent/Carer _____

Address _____

Telephone Number _____

Please list any dietary/medical/cultural requirements:

I hereby give my consent for any emergency treatment to be given to my child.

I agree to the above and wish my child to attend Aslacton Primary School
Breakfast Club.

Signed: _____ Date: _____