



**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 02/09/2019 – 18/10/2019

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
02/09/2019					
09/09/2019					
16/09/2019					
23/09/2019					
30/09/2019					
07/10/2019					
14/10/2019					

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:

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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: \_\_\_\_\_