



**EARLY BIRDS BREAKFAST CLUB  
BOOKING/REGISTRATION FORM**

**Term 6 – Monday 1<sup>st</sup> June 2020 – Wednesday 22<sup>nd</sup> July 2020**

Name of child: .....

Password for collecting adults: .....

Emergency contact name and number (1): .....

Emergency contact name and number (2): .....

Allergies/special dietary needs: .....

**Please complete the table below for an early start of 7.30am at a cost of £5.80**

w/c	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Cost
1 <sup>st</sup> June						
8 <sup>th</sup> June						
15 <sup>th</sup> June						
22 <sup>nd</sup> June						
29 <sup>th</sup> June						
6 <sup>th</sup> July						
13 <sup>th</sup> July						
20 <sup>th</sup> July						
Total Cost (£)						

**Please complete the table below for a start of 7.45am at a cost of £4.60**

w/c	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Cost
1 <sup>st</sup> June						
8 <sup>th</sup> June						
15 <sup>th</sup> June						
22 <sup>nd</sup> June						
29 <sup>th</sup> June						
6 <sup>th</sup> July						
13 <sup>th</sup> July						
20 <sup>th</sup> July						
Total Cost (£)						
<b>GRAND TOTAL (£)</b>						

I enclose payment of \_\_\_\_\_ for all the sessions indicated above\*

I have made a \*Childcare Voucher/ParentPay payment of \_\_\_\_\_ on \_\_\_\_\_ (date) for all the sessions indicated above (\*delete as applicable)

By signing this form

- I give permission for my child to attend the club sessions indicated above.
- I confirm that I have read and understood the Early Birds Breakfast Club Terms and Conditions.

Signed: ..... Name: ..... Date: .....

FOR OFFICE USE ONLY

Payment received (Y/N)	Cash	Cheque
Date	Received by:	