|  |  |
| --- | --- |
| ***Breakfast Club***  ***BOOKING FORM*** | **South Lake Primary School** |

**Child’s Name: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment enclosed: £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Places cost **£5.00** each and must be booked and paid for **in advance** (on a weekly, monthly, or half-termly basis). To cancel your child a booked session due to illness, you must contact the supervisor (**07717 729887**) before the start of the session in order to receive a credit against future sessions.

**Circle all required sessions from the available dates below.**

**Spring Term 2019**

**January**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mon** | | **Tue** | **Wed** | **Thu** | **Fri** |
|  |  | |  | **3** | **4** |
| **7** | **8** | | **9** | **10** | **11** |
| **14** | **15** | | **16** | **17** | **18** |
| **21** | **22** | | **23** | **24** | **25** |
| **28** | **29** | | **30** | **31** |  |

**February**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
|  |  |  |  | **1** |
| **4** | **5** | **6** | **7** | **8** |
| **11** | **12** | **13** | **14** | **15** |
| **HALF TERM** | | | | |
| **25** | **26** | **27** | **28** |  |

**March**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
|  |  |  |  | **1** |
| **4** | **5** | **6** | **7** | **8** |
| **11** | **12** | **13** | **14** | **15** |
| **18** | **19** | **20** | **21** | **22** |
| **25** | **26** | **27** | **28** | **29** |

**April**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
| **1** | **2** | **3** | **4** | **5** |

*I understand that, in order to receive a credit, I must give* ***at least one week’s*** *notice of cancellation of a booked session. Failure to give one week’s notice will result in a full charge, unless we are able to refill the space.*

**Signed: …………………………………………………………………………… Name: ………………………………………………**

|  |  |  |
| --- | --- | --- |
| Entered in Register | Invoiced | Note(s) |
|  |  |  |