



Christopher Reeves
Living Our Values

Breakfast Club Booking Form

Pupil(s) Name:

Class(es):

OPTION 1 Regular Bookings: Please tick the days you require

	Mon	Tues	Weds	Thurs	Fri	TOTAL
Aut 1	16 th / 23 rd / 30 th Sept 7 th / 14 th Oct	17 th / 24 th Sept 1 st / 8 th / 15 th Oct	18 th / 25 th Sept 2 nd / 9 th / 16 th Oct	19 th / 26 th Sept 3 rd / 10 th / 17 th Oct	20 th / 28 th Sept 4 th / 11 th / 18 th Oct	
5 weeks @ £3.50 per day						£
Aut 2	4 th / 11 th / 18 th / 25 th Nov 2 nd / 9 th / 16 th Dec	29 th Oct 5 th / 12 th / 19 th / 26 th Nov 3 rd / 10 th / 17 th Dec	30 th Oct 6 th / 13 th / 20 th / 27 th Nov 4 th / 11 th / 18 th Dec	31 st Oct 7 th / 14 th / 21 st / 28 th Nov 5 th / 12 th / 19 th Dec	1 st / 8 th / 15 th / 22 nd 29 th Nov 6 th / 13 th / 20 th Dec	
8 weeks @ £3.50 per day	(7 weeks)					£

OPTION 2 Retainer Bookings: If you do not have a regular weekly requirement you can pay for blocks of 6 or 10 sessions in advance and drop in as required. Additional blocks can be purchased at anytime but the sessions must be used within the term – unfortunately there cannot be any carry forward.

Retainer for 6 Sessions @ £3.50 each	
TOTAL £21.00	£
Retainer for 10 Sessions @ £3.50 each	
TOTAL £35.00	£

I enclose cash / cheque made payable to Christopher Reeves Lower School for:



Breakfast Club Pupil Registration

Name:	Year Group / Class:	Emergency Contact for before school:
Does your child have any dietary requirements we should be aware of for breakfast?		

You have already provided pupil information to Christopher Reeves Primary School.

<p>In addition to the information provided above, I give permission for the relevant Pupil Information provided to Christopher Reeves Primary School to be used by the Breakfast Club for the purposes of:</p> <ul style="list-style-type: none"> • Contacting other named carers should the emergency contact not be available • Contacting parents in non-emergency circumstances • Medical information relevant to the care of pupils during the club • Child's birthday 		
PARENT NAME:	SIGNATURE:	DATE:

Please return this form with your payment in a clearly labelled envelope to Mrs Abbott or Mrs Porter at Breakfast Club or to Mrs Mustoe in the School Office.