**Breakfast Club Booking Form**

**07:30 to 8:40 £2.50 per session**



|  |  |
| --- | --- |
| Child or Children’s Name (s): | Year Groups: |

**Please tick sessions required for this half term.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Week beginning  24 February | Mon | Tues | Wed | Thurs | Fri |
|  |  |  |  |  |
| Week beginning  3 March | Mon | Tues | Wed | Thurs | Fri |
|  |  |  |  |  |
| Week beginning  10 March | Mon | Tues | Wed | Thurs | Fri |
|  |  |  |  |  |
| Week beginning  17 March | Mon | Tues | Wed | Thurs | Fri |
|  |  |  |  |  |
| Week beginning  24 March | Mon | Tues | Wed | Thurs | Fri |
|  |  |  |  |  |
| Week beginning  31 March | Mon | Tues | Wed | Thurs | Fri |
|  |  |  |  |  |
| Week beginning  7 April | Mon | Tues | Wed | Thurs | Fri |
|  |  |  |  |  |

Please complete this booking form and return via email to [A2116@taw.org.uk](mailto:A2116@taw.org.uk) at least a week before the sessions are required to secure your child’s place.

**Bank Details to make payments are below: -**

**Account Name:** Wrockwardine Wood Inf School Schl Fund

**Sort Code:** 30-18-55

**Account Number:** 02971270

Please use your **child’s surname and initial** as the payment reference. Thank you.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick (√) below the sessions you require.** | | | | | | | |
| **Provision** | **Time** | **Cost** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Wrockwardine Wood Infant** **School children in receipt of benefit based Free School Meals** (*Infant School Only)* | 8.00am-8.50am | £1.00 |  |  |  |  |  |
| **Wrockwardine Wood Infant** **School other children** (*Infant School Only)* | 7:30am 8:50am | £2.50 |  |  |  |  |  |
| 8:00am-8:50am | £2.00 |  |  |  |  |  |
| **Wrockwardine Wood C of E Junior School** **children** (*includes a walking bus to school)* | 7.30am-8.45am | £3.50 |  |  |  |  |  |
| 8:00am-8:45am | £3.00 |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Payment enclosed in the envelope** | **Weekly Cost** | **Termly Cost** |
| £ | £ |

|  |  |
| --- | --- |
| *Only to be completed when making your first booking or if there are any changes to the information we hold.* | |
| **Emergency Contact details during breakfast club times** |  |
| **Allergies or any further medical information we need to know to keep your child safe.** |  |