

BREAKFAST CLUB

BOOKING FORM Term 4 Feb/Mar/Apr 2019

Name of Child.....

Please circle which sessions you would like your child to attend.
If different sessions required on different days please make clear

February				
Mo	Tu	We	Th	Fr
25	26	27	28	1

March				
Mo	Tu	We	Th	Fr
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

April				
Mo	Tu	We	Th	Fr
1	2	3	4	5

School Closed dates hi-lighted in green

Session		Total Number of Sessions
7.50 to 8.50		
8.20 to 8.50		

Full session 7.50am to 8.50am this includes Breakfast **£5.00**
 Half session 8.20am to 8.50am this does not include Breakfast **£2.50**

I would like to pay for the **Term** and enclose payment of £.....

Cash
 Chq (made payable Newick CE Primary School)
 ParentPay

I would like to pay for the **Month** ofand enclose payment of £.....

Cash
 Chq (made payable to Newick CE Primary School)
 ParentPay