



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

**Term 4 – Tuesday 26<sup>th</sup> February 2019 – Friday 5<sup>th</sup> April 2019**

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 £5.75**

w/c	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Cost
25 <sup>th</sup> February						
4 <sup>th</sup> March						
11 <sup>th</sup> March						
18 <sup>th</sup> March						
25 <sup>th</sup> March						
1 <sup>st</sup> April						
Total Cost (£)						

**Please complete the table below for a start of 7.45am at a cost of £4.55**

w/c	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Cost
25 <sup>th</sup> February						
4 <sup>th</sup> March						
11 <sup>th</sup> March						
18 <sup>th</sup> March						
25 <sup>th</sup> March						
1 <sup>st</sup> April						
Total Cost (£)						
<b>GRAND TOTAL (£)</b>						

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

**I have made a Childcare Voucher 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:	