

CHRISTOPHER PICKERING PRIMARY BREAKFAST CLUB BOOKING FORM – DECEMBER

NAME OF CHILD CLASS

This part to be filled in by Parent/Carer.

I would like my child to attend the Breakfast Club on the following days. *(Please put a tick next to the days required).*

PLEASE NOTE PLACES ARE LIMITED AND WILL THEREFORE BE ALLOCATED ON A FIRST COME FIRST SERVED BASIS.

Monday	2 nd		Thursday	19 th	
Tuesday	3 rd		Friday	20 th	
Wednesday	4 th				
Thursday	5 th				
Friday	6 th		Monday		
			Tuesday		
			Wednesday		
Monday	9 th		Thursday		
Tuesday	10 th		Friday		
Wednesday	11 th				
Thursday	12 th				
Friday	13 th		Monday		
			Tuesday		
			Wednesday		
Monday	16 th		Thursday		
Tuesday	17 th		Friday		
Wednesday	18 th				

Signature (parent/carer) Date

BREAKFAST CLUB

Dear Parent/Carer of

This part to be filled in by staff.

Your child has been *allocated* a place at the Breakfast Club on the following days in **DECEMBER**

Monday	2 nd		Thursday	19 th	
Tuesday	3 rd		Friday	20 th	
Wednesday	4 th				
Thursday	5 th				
Friday	6 th		Monday		
			Tuesday		
			Wednesday		
Monday	9 th		Thursday		
Tuesday	10 th		Friday		
Wednesday	11 th				
Thursday	12 th				
Friday	13 th		Monday		
			Tuesday		
			Wednesday		
Monday	16 th		Thursday		
Tuesday	17 th		Friday		
Wednesday	18 th				