

CHRISTOPHER PICKERING PRIMARY BREAKFAST CLUB BOOKING FORM – SEPTEMBER

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.

			Thursday	23 rd	
Tuesday			Friday	24 th	
Wednesday	8 th				
Thursday	9 th				
Friday	10 th		Monday	27 th	
			Tuesday	28 th	
			Wednesday	29 th	
Monday	13 th		Thursday	30 th	
Tuesday	14 th		Friday		
Wednesday	15 th				
Thursday	16 th				
Friday	17 th		Monday		
			Tuesday		
			Wednesday		
Monday	20 th		Thursday		
Tuesday	21 st		Friday		
Wednesday	22 nd				

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 **SEPTEMBER**

Monday			Thursday	23 rd	
Tuesday			Friday	24 th	
Wednesday	8 th				
Thursday	9 th				
Friday	10 th		Monday	27 th	
			Tuesday	28 th	
			Wednesday	29 th	
Monday	13 th		Thursday	30 th	
Tuesday	14 th		Friday		
Wednesday	15 th				
Thursday	16 th				
Friday	17 th		Monday		
			Tuesday		
			Wednesday		
Monday	20 th		Thursday		
Tuesday	21 st		Friday		
Wednesday	22 nd				