



## **Breakfast and After School Club Booking Form**

Name of Child (ren)		CI	ass Date	Date W/c		
Please indicate with a tick th session. Sessions need to be	·		weekly basis, please advise the schok please.	ol office if your child will not	be attending a pre-booked	
Payment is to be made either	er at the start of each pleas	se, either cash, cheq	ue (Payable to Church-Leigh Pre-Sch	nool Playgroup) or by		
BACS: Lloyds Bank: Account Name: Church Leigh Pre-School Playgroup			Account Number: 00112426	<b>Sort Code:</b> 30 98 90		
Please use your child's surna	ame as a reference followe	ed by the word "Club	"			
	Monday	Tuesday	Wednesday	Thursday	Friday	
BREAKFAST CLUB						
8.00 – 8.45am						
After School Club 3.15 – 4.30pm £6.50						
3.15 – 5pm £7						
Please advise of any medical	I information, food intoler	ances:	1			
Signed			Date			