

## Abbas and Templecombe Church of England Primary School





## $\frac{BREAKFAST\ CLUB\ \sim\ Booking\ Form}{From\ 1^{st}\ January\ 2024}$

CHILD'S NAME: ...... CLASS: .....

(Please complete	a separate bool	king form for e	each child. Paym	ent must be rece	ived with the book	ing form)
I would like to b	ook my child	l in for Brea	kfast Club on	the following	days:	
Week commencing:	Monday	Tuesday	Wednesday	Thursday	Friday	£3.50 per child, per session
01/01/2024	Bank holiday	Inset				£
08/01/2024						£
15/01/2024						£
22/01/2024						£
29/01/2024						£
05/02/2024						£
AMOUNT OWED UP TO HALF TERM						£
HALF TERM ~ 12 <sup>th</sup> to 16 <sup>th</sup> February 2024						
19/02/2024						£
26/02/2024						£
04/03/2024						£
11/03/2024						£
18/03/2024						£
25/03/2024					Bank holiday	£
AMOUNT OWED TO END OF TERM £						
			TOTAL A	MOUNT E	ENCLOSED	£
I understand that not be able to at the session othe Council".	tend the provi	ision. Cance	llations must b	e received 5 w	orking days in a	advance of
Signed		Name Parent / Carer			Date	