

Rainow School Breakfast Club Booking Form

Week commencing _____

Name of Child _____ Class _____

Please circle the days you wish to book for:

Monday Tuesday Wednesday Thursday Friday

If you wish to book for the same days each week, please indicate below, otherwise please complete a booking form for each week and return to the office in advance.

I wish to book for the same days each week: YES/NO

Please provide an email address to enable us to confirm this booking with you:

Email Address:

SignedParent/Guardian Date.....

If you wish to use Childcare Vouchers to pay for the Breakfast Club please provide your Childcare provider's contact details below. (You only need to provide this information once).

Name:

Address:.....

Email: Phone No.:

