## **BREAKFAST CLUB BOOKING FORM**

£3.00 PER SESSION 7:50AM – 8:50AM Includes a healthy breakfast if arrival is before 8:20am

CHILD/C	HILDRENS NAM	E:		CLASS(ES):		
EMERGENCY CO	ONTACT DETAILS	S: PLEASE PRINT	NAME:		TEL:	
WEEK BEG:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL
				TOTAL AMOUN	IT ENCLOSED:	£
S BREAKFAST I	REQUIRED EACH	MORNING? (NC	<b>T</b> available if arriv	ing after 8:20an	n) <b>YES/NO (ple</b>	ease circle)
ompleted boo	king forms and r	navment must h	e <u>made a week in a</u>	ndvance		
•	eques payable to	•		davance.		
	ees are non-refu	•	eouriem.			
		<b>BREAKFAS</b>	T CLUB BOOK	ING FORM		
		£3.00 PER SES	SION 7.50	AM – 8:50AM		
	In	-	breakfast if arriva		ım	
		,	, ,	,		
CHILD/C	HILDRENS NAM	E:		CLASS(ES):		
EMERGENCY CO	ONTACT DETAILS	S: PLEASE PRINT	NAME:		TEL <b>:</b>	
WEEK BEG:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL
WEEN BEG:	MONDAY	TUESDAY	WEDNESDAY	INUKSDAT	FRIDAT	IOIAL
				TOTAL AMOUN	IT ENCLOSED:	£

IS BREAKFAST REQUIRED EACH MORNING? (NOT available if arriving after 8:20am) YES/NO (please circle)

Completed booking forms and payment must be <u>made a week in advance</u>. Please make cheques payable to *Devon County Council*.

Breakfast club fees are non-refundable.