

HOPE COMMUNITY SCHOOL
Morning Larks Breakfast Club
Spring Term 19th February - 28th March



CHILD's NAME:	CLASS:
CHILD's NAME (Sibling):	CLASS:
CHILD's NAME (Sibling):	CLASS:

I (parent/carer) _____ request the following dates for my child/children to attend the Breakfast Club [7.45 am to 8.40am] for Spring Term, 19th Feb - 28th Mar. In order to have breakfast, children must arrive by 8.10am - the latest. Thank you.

Prices

Breakfast Club is £4 per session per child.

Breakfast Club is £2 per session per sibling.

Dates

Please tick the box(es) below of the session dates you would like to book:-

WEEK COMMENCING: 19 February 2024

MON	TUES	WEDS	THURS	FRI
NO CLUB				

WEEK COMMENCING: 26 February 2024

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 4 March 2024

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 11 March 2024

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 18 March 2024

MON	TUES	WEDS	THURS	FRI

WEEK COMMENCING: 25 March 2024

MON	TUES	WEDS	THURS	FRI
				NO CLUB

I understand that upon receipt of this signed form, Hope Community School will book my child(ren) into the Breakfast Club on the dates listed above and will issue an invoice which must be paid by the due date on the invoice, whether I pay in full upfront or a combination of part payments. I must make payment in full for each week my child/children have been requested to be booked in above, regardless of whether or not they actually attend.

Parent/Carer Signature: _____

Parent/Carer Name: _____

Date: _____

Parent/Carer Phone No: _____

Parent/Carer E-mail address: _____

COMPLETED FORM TO BE RETURNED TO THE SCHOOL BY WEDS 7TH FEB IN ORDER TO ENSURE YOUR PLACE(S) ARE RESERVED.