**Child’s Name**

**Child’s Class**

**Child’s Year Group**

1. **Are you interested in our Breakfast Club or After School Club or both? (please circle choices)**

**Breakfast club/After school club/ both**

1. **Which days would you require – please complete schedule below**
2. **When would you like this provision to start? ……………………….**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Breakfast Club**  **£5.00** | **After School Club Whole session**  **£10.00** | **After School Club Half session**  **3.15-4.15pm £5.00** | **After School club Mid session**  **3.15-4.30pm  £6.00** | **After school club Half session**  **4.15-600pm £6.00** | **Cost** |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |