

## BREAKFAST CLUB BOOKING FORM

NAME:						CLASS:	
Please	comple	te and ı	return	the book	cing for	m to the school office	
_		•	•			oay by 12 noon on a Friday. vill not be accepted.	
WEEK	Mon	Tues	Wed	Thurs	Fri	Date payment received (OFFICE USE ONLY)	
26 <sup>th</sup> February 2024							
4 <sup>th</sup> March 2024							
11 <sup>th</sup> March 2024							
18 <sup>th</sup> March 2024							
25 <sup>th</sup> March 2024							
•						st club policy and agree to on the reverse of this bookin	
Signed:	(Pare				(Parent/Cai	rer) Date:	
Please be a	ware th			_		r cancellation, you will be	
		Still I	e char	ged for	me ses	SIOII.	



## **Payment Terms**

- All fees are must be paid in Advance by 12 noon on the Friday before.
- Fees should be paid via our online payment system at: <a href="https://app.parentpay.com/">https://app.parentpay.com/</a>
- If payment is not received in advance, the booking will **not be accepted** and your child/ren will not be able to attend the club.
- If your child does not attend a session and you have not given 48 hours notice, then the session is still chargeable.
- If your child is ill you will not be charged for the missed session. When reporting your child's sickness absence please make the office aware that your child will not be attending the club.