**Bathford Church School**

**Breakfast and After School Clubs**

**Booking Request**

|  |  |
| --- | --- |
| Child’s name |  |
| Class |  |

|  |
| --- |
| **Breakfast Club (7.30am – 9am)** |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Sessions required |  |  |  |  |  |

|  |
| --- |
| **After School Club (3.15pm – 6pm)** |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Sessions required |  |  |  |  | Currently not available |

|  |  |
| --- | --- |
| Parent (Signature) |  |
| Mobile number |  |
| Date |  |

**Please return this form to Suzie Freeman at the School Office.**

**Office Use only:**

Date added to ScholarPack register:

T:\Teachers\_Only\_FROM\_OLD\_SERVER\Breakfast And After School Club\2020 - 2021 WRAPAROUND CARE\Booking request form