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**Breakfast Club TOAST**

**Booking Form**

Cost £2.20 per child per day

Arrival between 8.00am – 8.15am – entry closes at 8.15am

Please use form below to book your child a place – places must be pre-booked using this form.

Preferred payment option is online using our school gateway: <http://login.schoolgateway.com/0/auth/login> or cash/cheque is acceptable, payment must be made in advance or on day child is attending. We also accept childcare vouchers for payment.

|  |  |  |
| --- | --- | --- |
|  | Child 1 | Child 2 |
| Name of child(ren) |  |  |
| Class(es) |  |  |
| Date of birth |  |  |
| Home addressPostcode |  |
| Home telephone number |  |
| Mobile telephone number |  |
| Email |  |
| Are you in receipt of FSM benefits? | Yes or No (delete as necessary) |
| Any specific dietary requirements? |  |  |
| Any specific medical needs? |  |  |

**My child(ren) will attend the same days every week – indicate below**.

|  |  |  |
| --- | --- | --- |
| Every Week My child will attend the same days as ticked below | Tick as required | Office Use |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  |  | £ |

**OR**

**My child(ren) will attend different days each week, please see overleaf.**

|  |  |  |
| --- | --- | --- |
| Week Beginning…………..……. | Tick as required | Office Use |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  |  | £ |
| Week Beginning…………..……. |  | Office Use |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  |  | £ |
| Week Beginning…………..……. |  | Office Use |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  |  | £ |
| Week Beginning…………..……. |  | Office Use |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  |  | £ |
| Week Beginning…………..……. |  | Office Use |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  |  | £ |
| Week Beginning…………..……. |  | Office Use |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  |  | £ |
| Week Beginning…………..……. |  | Office Use |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  |  | £ |

Drop off: Please ensure that your child is handed over to a member of the TOAST staff upon arrival.

Signed: Parent/carer……………………………………………………………………………………………………………………………………………

Print name:………………………………………………………………………………………………………….Date:……………………………………..

Please return this form to the school office.