**Please complete ONE form per child**

**DINGLEWELL JUNIOR SCHOOL**

**Breakfast Club**

**Booking Form Term 5-6 2025 (April - July)**

Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week Beginning** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Weekly Cost** |
| 28th April |  |  |  |  |  |  |
| 5th May |  |  |  |  |  |  |
| 12th May |  |  |  |  |  |  |
| 19th May |  |  |  |  |  |  |
| 26th May |  |  |  |  |  |  |
| 2nd June |  |  |  |  |  |  |
| 9th June |  |  |  |  |  |  |
| 16th June |  |  |  |  |  |  |
| 23rd June |  |  |  |  |  |  |
| 30th June |  |  |  |  |  |  |
| 7th July |  |  |  |  |  |  |
| 14th July |  |  |  |  |  |  |
|  |  |  |  |  | **TOTAL £** |  |

Cost - £5.00 per session, breakfast included

**Please find enclosed payment for Terms 5 & 6 (payment should be made in full at the time of booking (min. 50% with balance paid in full by end of June)**

Payment type:

Cash

Cheque (made payable to Dinglewell Junior School)

Childcare Vouchers (insert scheme name & reference)

*(Please send proof of payment to wraparound@dinglewell-jun.gloucs.sch.uk)*

Food Allergies/Medical conditions:

Signed: Print: Date: Emergency Contact number:

*\*Refunds will only be administered if we are informed of non-attendance or illness via email to* [*wraparound@dinglewell-jun.gloucs.sch.uk*](mailto:wraparound@dinglewell-jun.gloucs.sch.uk) *before 7.30am on the morning of attendance*