LAMBS LANE BREAKFAST CLUB/AFTER SCHOOL CLUB

**Regular Booking Information**

This information is required to enable us to ensure we have the correct staffing ratios.

Please return the completed form to the school office for the attention of Miss B Hill

|  |  |
| --- | --- |
| Child’s Surname: | Boy/Girl |
| Child’s other names: | DOB: |
| Start date:  |  |

|  |  |
| --- | --- |
| I confirm I have completed the registration form for wraparound care | Yes/No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| BREAKFAST CLUB – LONG SESSION7.45AM – 8.50AM |  |  |  |  |  |
| BREAKFAST CLUB – SHORT SESSION8.30AM – 8.50AM |  |  |  |  |  |
|  |  |  |  |  |  |
| AFTERSCHOOL CLUB – LONG SESSION3.30PM – 6PM |  |  |  |  |  |
| AFTERSCHOOL CLUB – SHORT SESSION3.30PM – 4.30PM |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Signed: | Date:  |
| Name: |  |
| Relationship to child: |  |

|  |
| --- |
| **OFFICE USE ONLY** |
| Added to Arbor: | Yes/No |
| Actioned by: |  |
| Scan & File: | Yes/No |