

## LAMBS LANE BREAKFAST CLUB: BOOKING FORM

CHILD'S NAME: ..... DATE OF BIRTH: ..... AGE AT START OF TERM: .....

LAMBS LANE AFTER SCHOOL AND BREAKFAST CLUB BOOKING FORM					
<b>Child/ren's Name/s</b>					
<b>After School Club</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Sessions required (Please Tick)					
Short/Full (Please State)					
Short 3.30-4.30pm Full 3.30-6.00pm					
Start Date .....					
<b>Breakfast Club</b>					
Sessions required (Please Tick)					
Short/Full (Please State)					
Short 8.30-9.00am Full 7.45-9.00am					
Start Date .....					
<b>All Sessions must be paid for in advance and all permanent bookings are subject to a notice period of six weeks</b>					
Additional Information					

*OFFICE USE ONLY:*

SIGNATURE: ..... DATED: .....

DATE RECEIVED: ..... BY: .....