



### BREAKFAST CLUB – TERM 4 2019/20

**Child's Name:**  **Class:**  **Year:**

**Does your child have any medical conditions/problems the Club Leader should know about?:**

**Emergency Contact Number:**

**PLEASE NOTE A PRICE INCREASE OF 0.20p PER DAY**

**Cost Per Day: £1.20**

*Please complete a separate form for each child.*

	<i>Please tick</i>
MON 24 <sup>th</sup> Feb	
TUES 25 <sup>th</sup> Feb	
WEDS 26 <sup>th</sup> Feb	
THUR 27 <sup>th</sup> Feb	
FRI 28 <sup>th</sup> Feb	

MON 16 <sup>th</sup> Mar	
TUES 17 <sup>th</sup> Mar	
WED 18 <sup>th</sup> Mar	
THUR 19 <sup>th</sup> Mar	
FRI 20 <sup>th</sup> Mar	

MON 2 <sup>nd</sup> Mar	
TUES 3 <sup>rd</sup> Mar	
WEDS 4 <sup>th</sup> Mar	
THUR 5 <sup>th</sup> Mar	
FRI 6 <sup>th</sup> Mar	

MON 23 <sup>rd</sup> Mar	
TUES 24 <sup>h</sup> Mar	
WED 25 <sup>h</sup> Mar	
THUR 26 <sup>th</sup> Mar	
FRI 27 <sup>th</sup> Mar	

MON 9 <sup>th</sup> Mar	
TUES 10 <sup>th</sup> Mar	
WED 11 <sup>th</sup> Mar	
THUR 12 <sup>th</sup> Mar	
FRI 13 <sup>th</sup> Mar	

MON 30 <sup>th</sup> Mar	
TUES 31 <sup>st</sup> Mar	
WED 1 <sup>st</sup> April	
THU 2 <sup>nd</sup> April	
FRI 3 <sup>rd</sup> April	

**TOTAL OWED:**

**Payment Made via:**

- ParentPay:
- Cash (enclosed):
- Cheque (enclosed):

*Please make payable to The White Horse Federation*

**Signed:**