



RAVENSDALE JUNIOR SCHOOL
BREAKFAST CLUB BOOKING FORM

Child's name Class

Emergency contact details:

Name:

Contact details (between 7.45am and 8.45am)

Allergies:

Please highlight when a place is required on the calendar and return by **20th July**.

	Monday	Tuesday	Wednesday	Thursday	Friday
September	3 rd	4 th	5 th	6 th	7 th
September	10 th	11 th	12 th	13 th	14 th
September	17 th	18 th	19 th	20 th	21 st
September	24 th	25 th	26 th	27 th	28 th
October	1 st	2 nd	3 rd	4 th	5 th
October	8 th	9 th	10 th	11 th	12 th
October	15 th	16 th	17 th	18 th	19 th
October	22 nd	23 rd	24 th	25 th	26 th

I enclose a cheque (made payable to Derby City Council) for £ total amount for sessions at **£4.50** a day OR payment will be made using childcare vouchers from the following company

I understand no refunds will be made due to absence or cancellation.

Signed Parent/carer

PLEASE RETURN THIS FORM TO MRS M ALBUTT AS SOON AS POSSIBLE TO RESERVE A PLACE
admin@ravensdalej.derby.sch.uk

PLEASE REMEMBER: ALL CHILDREN MUST BE SIGNED IN BY AN ADULT