

Name: _____

Please put booking form into a sealed envelope along with payment and return to school the FRIDAY before booking, if at all possible.
(Please make cheques payable to Garryduff PS)

BREAKFAST CLUB (£2/day/child)

DAY	Name of children attending
Mon	
Tues	
Wed	
Thurs	
Fri	

HOP CLUB (£3/hr/child)

DAY	Name of children attending	
	1.50pm-2.50pm	2.50pm-3.50pm
Mon		
Tues		
Wed		
Thurs		

Total money enclosed: £ _____

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