



# KS1 Milk Booking Form

## Summer Term 2

Child's Name:.....

Class:.....

Please tick the weeks you wish your child to have milk:

Week Commencing 3 <sup>rd</sup> June at a cost of £1	Week Commencing 10 <sup>th</sup> June at a cost of £1	Week Commencing 17 <sup>th</sup> June at a cost of £1	Week Commencing 24 <sup>th</sup> June at a cost of £1	Week Commencing 1 <sup>st</sup> July at a cost of £1	Week Commencing 8 <sup>th</sup> July at a cost of £1	Week Commencing 15 <sup>th</sup> July at a cost of £1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please return this form to the school office by Friday 24<sup>th</sup> May if you would like to book milk for your child for Summer term 2.**

**Payment is due via ParentPay by Monday 3<sup>rd</sup> June 2019. Once this form is returned to the office the charge for this milk will then show in ParentPay. If the payment is not received before term starts then unfortunately we won't be able to book and provide milk for your child.**

Please sign below to confirm you have read and understood the booking form and agree to make the necessary payment before term starts.

Signed:.....

Print:.....