**Crosscanonby St Johns’ CE Primary School**

**Breakfast Club**

**Terms and Conditions**

Name of Child(ren) ……………………………………….……………………………………………………………………

Class(es) ………………………………………….…………………………………………………………………………………

1. I understand that each booked session must be paid for even if my child does not attend.

2. I understand that the session times will be from 8.00am to 8.50am.

3. I will bring my child into the Breakfast Club between 8.00am and 8.10am to register them for each session.

4. Any changes to the dietary requirements held by the school need to be discussed with the club staff, including allergies.

5. Children will be accompanied by Breakfast Club staff to and in the playground. Once the bell goes the juniors will go into class, the staff will see the infants to their classes in time for the start of school.

6. I agree to keep my child away from the club if he/she is sick, or advised to do so by the doctor and/or staff members. (Vomiting and diarrhoea – your child MUST be kept off school for 48hours from the last occurrence).

7. I understand that the club will run during term time only which does not cover non-pupil days.

8. I understand that should the school have to close unexpectedly the club will not run and refunds will be made.

9. I agree to abide by decisions made by the Breakfast Club Staff.

10. All children must adhere to the School Behaviour Policy during Breakfast Club. It is not possible to provide additional one to one support during the club.

Signed ……………………………………………………………………………….. Parent/Guardian

Full Name ………………………………………………………………………….. (Caps Please)

Date …………………………………………………………………………………..

**Booking Form**

Name of Child(ren) ………………………………………………………………………..…………………………

Class(es) …………………………………………………………………………………………………………………..

PLEASE NOTE – PAYMENT MUST ACCOMPANY THIS BOOKING FORM. A BOOKING CANNOT BE ACCEPTED UNLESS ACCOMPANIED BY THE FULL FEE. CHEQUES SHOULD BE MADE PAYABLE TO ‘Crosscanonby School’ (Please refer to Booking Rules below and Terms and Conditions of the Club)

Please indicate in the boxes above the number of children attending each session requested.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Week Commencing | 03/09 | 10/09 | 17/09 | 24/09 | 01/10 | 08/10 | 15/10 |
| Monday | - |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |
| Totals |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Total** |  |

Key Information:

* Session Fees: £2.00 per child per session.
* Breakfast is served between 8.10am to 8.25am, then activities and games until 8.50am.
* A booking cannot be accepted unless full payment is attached to a Booking form, (please write the number of children attending each day in the relevant box).
* Payment should be made each half term prior to, but no later than, the start of the half term.
* Please complete a separate booking form for each half term.
* Subject to availability ad hoc sessions can still be booked with 24 hours’ notice, via the school office.
* Payment must be made where possible in advance of, but no later than the day your child is attending.
* THERE WILL BE NO CREDITS GIVEN FOR MISSED SESSIONS even if your child is ill.