



Breakfast Club September 2018

Dear Parent / Carer,

St Stephens Community Academy continues to open its doors **each morning at 8.00 a.m.** to welcome children to Breakfast Club!

A huge emphasis will be placed on healthy eating and social skills within the group and there should be time for some fun activities indoors.

Currently, we are offering: Fresh fruit, cereals, toast, crumpets or muffins, yogurts, apple and orange juice, milkshakes (strawberry and banana - these are VERY popular!) most days.

As we strive to meet every child's needs, we would like you to complete a short questionnaire regarding allergies and or medical conditions that we should be aware of.

Breakfast Club runs **from 8.00 am to 8.45a.m each day**. Children arriving late struggle to eat their breakfast in time to enjoy an activity in breakfast club or join their class mates in the playground at 8.45a.m. We need all children to arrive **NO LATER than 8.20a.m** to ensure that the club ends promptly to allow staff to prepare for their day in class and the children join their class in the playground.

All payments are now made through School Gateway. You can do this by downloading the School Gateway app from your app store. **PAYMENTS HAVE TO BE MADE IN ADVANCE.** Many thanks.

Cost: Per child, per day:	£2.50
Your second child charge, per day:	£2
Your third (or more) child, per day charge	£1.50

If you have booked a session but do not attend a refund will not be made as food ingredients will have already been purchased and we will need to cover costs incurred. Please can we remind parents that our car park is for our staff.

Yours sincerely

Mrs Baxter

Mrs Coole

Breakfast Club Booking.

Please complete BOTH SIDES of the form and return to Breakfast Club staff or the school office.

I would like my child to attend Breakfast Club on the following days each week for the half term:

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Name of child: _____ Class: _____

I understand that I must pay for breakfast club in advance for the Half Term. I understand that I must pay through the School Gateway system or inform the office about payment. **I understand that if my payment is not made then my child will not be able to use Breakfast club until the payment is completed.** I understand that the office may contact me to ensure I have made payment by the deadline.

Breakfast Club

Name of Child: _____ Class: _____

Dietary Information:

Please give details of any food/s that cannot be eaten because of a known allergy etc.

Medical Information:

Please give details below of any known medical condition/s and the recommended treatment/s and medication/s - including any known allergies:

Other Information:

Is there anything else you would like to tell us about your child e.g. can't use cutlery; limited diet; not keen to try different foods/drinks etc.

Signed: _____ Parent Date: _____

Please Print Name: _____ (Parent)