 **Breakfast Club 2023/2024**

Dear Parent / Carer,

St Stephens Community Academy will be opening 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.

Breakfast club will be self-funding and there will be a daily/weekly charge.

Currently, we are offering: Fresh fruit, cereals, toast, bagels, apple juice, milkshakes (strawberry, which is VERY popular!) most days.

Breakfast Club runs from 8.00 am to 8.40 am 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 to join their class.**

**N:B Weekly/daily, sessions MUST be booked in advance.**

All payments must be made to our online system **(School money).**

**As with school dinner money there is a** CREDIT LIMIT of £10:00 **your child/children will be unable to attend until payment in full has been made.**

**Cost:** Per child, per day: **1st child £2:50 2nd child £2:00 3rd child £1:50 4th child £1:00**

Yours sincerely Mrs Baxter / Ms Bebbington

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**Breakfast Club Booking Form 2023/2024**

**I would like my child to attend Breakfast Club on the following days:**

Monday Tuesday Wednesday Thursday Friday

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/carer) Please print name: \_\_\_\_\_\_\_\_\_

**Breakfast Club 2023/24**

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.

**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:

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**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/Carer Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer)