#

# BREAKFAST CLUB BOOKING FORM Autumn 2020

# The Breakfast club provides a choice of breakfast which your child can choose from and a range of activities and opportunities including Play, Table Top Activities, Indoor & Outdoor Physical Activities (weather permitting). The service we provide is suitable for children aged 4yrs (Yr R) through to 11yrs (yr6). – you are however required to complete and return a booking form to secure a place on the day you need it as we are only able to accommodate 20 children. All sessions must be paid for in advance using SCOPAY as we are not able to accept cash or cheque payments at this time. Please read information relating to Covid-19 overleaf.

**CHILD’S NAME………………………………… YR…….**

Children may attend from 7.45am through to 8.50am, the charge is £4.00 per session plus £2.00 for each additional child in the family

WHICH DAYS WILL YOUR CHILD BE ATTENDING THIS TERM (Please tick against relevant boxes)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MONTH/DATE** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **SESSION TIME** |  **From 7.45am** | **From 7.45am** | **From 7.45am** | **From 7.45am** | **From 7.45am** |
| **September** | **Summer Holiday** | **Summer Holiday** | **Summer Holiday** | **Inset Day** | **Inset Day** |
| **September** | 7 |  | 8 |  | 9 |  | 10 |  | 11 |  |
| **September** | 14 |  | 15 |  | 16 |  | 17 |  | 18 |  |
| **September** | 21 |  | 22 |  | 23 |  | 24 |  | 25 |  |
| **September/October** | 28 |  | 29 |  | 30 |  | 1 |  | **INSET Day** |
| **October** | **INSET Day** | 6 |  | 7 |  | 8 |  | 9 |  |
| **October** | 12 |  | 13 |  | 14 |  | 15 |  | 16 |  |
| **October** | 19 |  | 20 |  | 21 |  | 22 |  | 23 |  |
| **Half Term** |  |  |  |  |  |  |  |  |  |  |
| **November** | 2 |  | 3 |  | 4 |  | 5 |  | 6 |  |
| **November** | 9 |  | 10 |  | 11 |  | 12 |  | 13 |  |
| **November** | 16 |  | 17 |  | 18 |  | 19 |  | 20 |  |
| **November** | 23 |  | 24 |  | 25 |  | 26 |  | 27 |  |
| **November/December** | 30 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| **December** | 7 |  | 8 |  | 9 |  | 10 |  | 11 |  |
| **December** | 14 |  | 15 |  | 16 |  | 17 |  | 18 |  |

I have made payment using SCO Pay to the value of £ to secure my booking for …… sessions/days.

If you use a voucher scheme to pay for childcare please let the school office know.

Refunds will only be given in extreme circumstances as authorised by the Head Teacher.

If, for any reason, you have fallen behind with payment of your fees, the Governing Body will consider withdrawing your child's place at the afterschool club and refusing any future bookings. The Governing Body will discuss your circumstances with you before any action is taken. IF YOU ARE EXPERIENCING DIFFICULTY IN MAKING PAYMENTS FOR YOUR CHILDCARE PLEASE CONTACT THE SCHOOL OFFICE.

 **PLEASE CONTACT SCHOOL OFFICE 01794 512047** **WITH ALL ENQUIRIES**

**COVID-19 CHILD CARE**

Children will be encouraged to socially distance and keep within their year group bubble. To protect staff we are advising parents to limit the number of different wraparound providers being used and ask that you seek assurance that the providers are carefully considering their own protective measures and that you only use those providers that can demonstrate this.

**MEDICAL CONDITIONS/FOOD ALLERGIES/DRUG ALLERGIES:**

PLEASE INDICATE WHETHER YOUR CHILD HAS ANY MEDICAL / FOOD ALLERGIES / INTOLLERANCES:

……………………………………………………………………………………………………………………….….

………………………………………………………………………………………………………………………….

 **EMERGENCY CONTACTS;**

(INDICATE: **H** – HOME **W** – WORK **M** – MOBILE)

1. NAME ……………………………………………………NUMBER……………………………………….…….

2. NAME………………………………………………… …NUMBER…………………………………………......

3. NAME ……………………………………………………NUMBER …………………………………………….

**DOCTORS SURGERY**

NAME OF DOCTOR -------------------------------------------------------------------- TEL -------------------------

SURGERY ADDRESS --------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------- POST CODE ------------

**CONSENT FOR EMERGENCY TREATMENT**

As Parent/Legal Guardian I consent to my child receiving Emergency Medical Treatment in my absence and authorise the attending After School Club staff member to sign any relevant documentation as required on my behalf.

Signed.......................................................................................................... Date .......................

In addition I authorise the Club Leader to sign on my behalf any/all forms of consent required by Doctors/Paramedics/Hospital Authorities where the delay in my signature is deemed by such persons to be detrimental to my child’s health and or recovery.

Signed ......................................................................................................... Date ......................