

## Breakfast Club Home School Agreement

Name of Child.....

Base .....

## Parents/Carers will:

A completed registration form must be completed prior to the first time your child attends the Breakfast Club giving parental/carer consent.

As part of the registration process and giving permission for your child to attend you are agreeing to take responsibility for your child on their travel to school and up to the point that they arrive at Breakfast Club.

Breakfast Club costs £3.00 per session and must be paid for via Parent Pay in advance of your child attending. A charge will be made if you have booked a place and your child does not attend.

Support and work with the school and encourage positive attitudes to education and healthy eating.

Support the school in our efforts to promote positive behaviour and inform the school of any relevant information that may affect your child's behaviour.

## School will:

The school will provide a caring secure environment so that all children attending Breakfast Club will feel valued and have sense of worth.

The school operates a best value policy when setting realistic charges for attendance at Breakfast Club. If there is to be an increase in the fees charged, parents/carers will be given one months notice.

School will provide a healthy breakfast with a choice of cereal and milk, fruit, toast and topping, fruit juice, milk and water.

School will provide a wide variety of activities to engage children's interests.

Parent/carer signature	Date	
Breakfast Club representative	Date	PTO

Teagues Bridge Primary School Teagues Crescent, Trench, Telford, Shropshire, TF2 6RE Tel: 01952 388450 Fax: 01952 388452 Email: teagues.bridgepri.a@telford.gov.uk



## Breakfast Club Registration Form

Child's Name:	Base:	
Child's DOB:	Parent / Carer Name:	
Address:		
Parent Contact Details:		
Parent/Guardian	Parent/Guardian	
Name:	Name:	
Relationship to child:	Relationship to child:	
Contact Number:	Contact Number:	
Emergency Contact Details		
Name: Contact Number:		
Contact Humber.		
Name: Contact Number:		
Doctors Name:	Telephone No:	
Details of medical conditions, allergies or dietary requirements:		
Details of medical contaitions, allergies of aletary requirements.		
Any other details Breakfast Club Supervisors should be aware of:		
Please indicate which days you would like a place for breakfast club:		
*Please circle		
Monday Tuesday We	idnesday Thursday Friday	
Parent / Carer Signature:	Date:	
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