

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.....

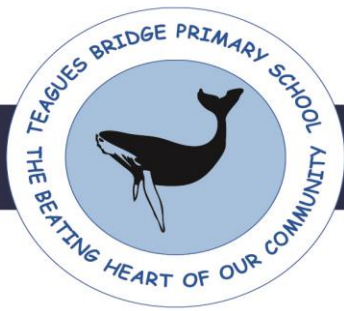
Breakfast Club representative..... Date..... PTO

Teagues Bridge Primary School

Teagues Crescent, Trench, Telford, Shropshire, TF2 6RE

Tel: 01952388450, Fax: 01952388452

Email: A2191@telford.gov.uk



Breakfast Club Registration Form

Child's Name:	Base:
Child's DOB:	Parent / Carer Name:
Address:	
Parent Contact Details:	
<u>Parent/Guardian</u> Name: Relationship to child: Contact Number:	<u>Parent/Guardian</u> Name: Relationship to child: Contact Number:
<u>Emergency Contact Details</u> Name: Contact Number: Name: Contact Number:	
Doctors Name:	Telephone No:
Details of medical conditions, allergies or dietary 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 Wednesday Thursday Friday	
Parent / Carer Signature:	Date: