**MINCHINHAMPTON C OF E PRIMARY ACADEMY**

**BREAKFAST CLUB**

Autumn Term 2

**2020**

 

**PARENTS INFORMATION PACK**

**MINCHINHAMPTON C OF E PRIMARY ACADEMY SCHOOL**

**BREAKFAST CLUB REGISTRATION FORM**

*A registration form must be completed before any child can attend Breakfast Club. Please complete all forms for each child who may be attending.*

Child’s Surname……………………………………………….. Child’s First Names………………………………………..

Preferred Name (if different)…………………………. Class:……………………….

DOB:………………………………….. Sex (M/F) (please delete as applicable)

Home Address…………………………………………………………………………………………………………………………. ……… …………………………………………………………………………………………………………………………………………………………………………………………………… Post Code:…………………. . Telephone Number……………………………………………………………..

Child’s Doctor: Name:……………………………………………………… Surgery Address……………………………………………………………………………………………………………………… Telephone Number………………………………….

Medical Information:

Does your child have any general allergies/intolerances/health problems (e.g. asthma)? Yes/No.

 If Yes, can you describe the issues:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Does your child have any known food allergies? Yes/No. If Yes, can you tell us the foods involved:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Has your child been immunised against Tetanus? Yes/No.

Date of immunisation:…………………………………

Is there any other information that staff should be made aware of?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Staff are **ONLY** permitted to administer prescribed medication, in its original packaging, with written permission and full instructions regarding the administering of the medicine. Staff are First Aid trained.

Children will be brought by one of the people listed below:

|  |  |  |
| --- | --- | --- |
| Name: | Relationship to Child | Contact Telephone Number |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If your child becomes ill during a session, we will endeavour to contact you or one of the `emergency contacts’ listed below.

Please be aware, a member of the team will act `in loco parentis’ in an emergency situation . Under such circumstances, the manager will take action to gain the appropriate medical treatment for your child.

**Emergency Contacts:**

First Contact Name:………………………………………………………..

Relationship to Child……………………………………………………….

Tel no’s: Home:……………………………………. Work…………………………………………… Mobile……………………………………………

Second Contact Name:………………………………………………………..

Relationship to Child……………………………………………………….

Tel no’s: Home:……………………………………. Work…………………………………………… Mobile……………………………………………

* I consent to my child receiving medical treatment and if necessary taken to hospital in the event of an emergency.
* I understand Minchinhampton School Breakfast Club cannot accept any responsibility for the child’s possessions or valuables while attending the Club.
* I agree to pay for the sessions in advance. (see separate booking form)

Under NO circumstances are the children permitted to book/cancel themselves. If other arrangements have been made once a child has been booked in, staff will not allow that child to leave unless their parent/carer has cancelled the sessions. As noted elsewhere, there will be no refunds for cancelled sessions.

Parent/Carer’s Name:…………………………………………………………………………………………………………………..

Signature:…………………………………………………………………………

Date:………………………………………………………………………………...

PLEASE EMAIL FORMS BACK TO: breakfastclub@minchschool.net, OR BRING TO THE SCHOOL OFFICE

**CONSENT FORM**

**MINCHINHAMPTON C OF E PRIMARY ACADEMY**

**BREAKFAST CLUB**

Occasionally at Breakfast Club we may take photos of the children. To do this we need your permission. Please tick the relevant box:

I/we give consent to have photos taken of my child. I/we give consent to the photos being published on the school website

 Yes No 

There may be times when your child needs to have medicine administered during the school day, and therefore during Breakfast Club. We need written permission and full instructions on administering the medicine:

I/we give consent for a first aid trained staff member to administer any necessary medicine, and will provide written permission and necessary details of administering medication to your child.

Yes No 

**Child’s Name:………………………………………………………………..**

**Signed:……………………………………………………………………………**

**Relationship to Child:………………………………………………………**

**Date:…………………………………………………………**

**MINCHINHAMPTON C OF E PRIMARY ACADEMY SCHOOL BREAKFAST CLUB**

**BOOKING FORM – AUTUMN TERM 2**

**2nd November – 18th December 2020**

**This is a Term-time only club**

**The Club runs from 7.45 am. The cost is £4.50 per session, and includes breakfast There will be some flexibility for additional short notice requests if spaces are available – but we do require 48 hours notice.**

**NB: IF ANY INFORMATION HAS CHANGED (I.E. CONTACT LIST) PLEASE INFORM MRS BAILEY**

**Contact: Mrs Paula Bailey – 01453883273 or via breakfastclub@minchschool.net**

**Child’s Name:………………………………………………………….. Class:……………………………………**

**Please Tick sessions required:**

**W/C: Monday Tuesday Wednesday Thursday Friday**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2/11/20 | 2nd | 3rd  | 4th | 5th | 6th |
| 9/11/20 | 9th | 10th | 11th | 12th | 13th |
| 16/11/20 | 16th | 17th | 18th | 19th | 20th |
| 23/11/20 | 23rd | 24th | 25th | 26th | 27th |
| 30/11/20 | 39th | 1st | 2nd | 3rd | 4th |
| 7/12/20 | 7th | 8th | 9th | 10th | 11th |
| 14/12/20 | 14th | 15th | 16th | 17th | 18th |

**Cancellation:** Please note that once you have paid and your place confirmed, no refunds will be given if we are not given 48 hours notice. Please talk to Mrs Bailey if there are exceptional circumstances, as your child has a place which could have been offered to others.

**Contact telephone number: 01453 883273**

**PAYMENT FOR CLUB:**

Please indicate below, how you wish to pay. You will receive an invoice from us shortly after you have returned your booking form, so it will be helpful if you can indicate your preferred payment method here:

* Cheque: to be made out to `Minchinhampton C of E Primary Academy’
* Cash
* BACs payment to the School’s Account: Lloyds Bank, Sort code: 30-98-29; Account no: 67197968
* Childcare vouchers – please see office if you wish to pay this way, as the school may have to set up your service provider.

If you have any queries or concerns regarding payment, please get in touch with the Finance staff in the school office, or Mrs Bailey.

**PLEASE NOTE: EVEN IF YOU ARE A REGULAR USER OF THE BREAKFAST CLUB, YOU WILL STILL NEED TO COMPLETE A BOOKING FORM EACH HALF-TERM.**

**THANK YOU**

**\*I agree to the conditions stated**

**\*I understand I will be charged half-termly, and payment must be received in advance of the new half- term starting.**

**Name: Parent/Carer:………………………………………………….**

**Telephone number (in case of query):……………………………………………………**

**Email address:………………………………………………………………………….**

**Signed: (Parent/Carer)…………………………………………………….. Date:……………………………………….**