

Lincewood Primary Breakfast Club Contract



School Agreement 2021/22*

I wish my child(ren) _____

to attend Lincewood Primary School Breakfast Club each week from (date): _____

Days required: Monday Tuesday Wednesday Thursday Friday

Allergies/diet/health concerns: _____

I understand the following:

- Breakfast Club operates from 7:30am to 8:40am, term time only.
- The cost is £3.00 per session, payable in advance at the start of each half term. The parent/carer signing this agreement is liable for paying the fees.
- Even if my child does not attend all their booked sessions in a week, due to illness, holiday, or other circumstances, missed sessions will still be charged as the Club has the same daily staffing costs.
- I must not leave my child at school before 7:30am.
- Breakfast is served only up to 8.30am
- 8.35am is tidy up time encouraging the children to take responsibility for the environment.
- 8.40am children collect their coats and bags and are escorted to their appropriate playground/class where they meet up with the rest of the children awaiting the start of school.
- Breakfast Club is a play setting and whilst my child is there the Club is legally responsible for him/her.
- The Club has policies and procedures (available for reference at the club), and that there are expectations and obligations relating both to the club and to myself and my child(ren), and I agree to abide by them.
- Club Sessions will be 'released' for booking on a termly basis. Sessions will be allocated on a first-come, first-served basis. The school will inform parents when sessions have been released via text message and the school newsletter.
- The current session capacity is 60 children.
- Whilst Breakfast Club tries to ensure the safety and security of items, it cannot be held responsible for loss or damage to my child's property.

I will give one weeks' notice of cancellation should I no longer wish my child(ren) to attend Breakfast Club.

I will inform the school as soon as possible of any change of days or circumstances as necessary.

I agree to my child(ren) receiving medical treatment by a qualified first aider or medical professional in the event of an emergency and that I will be contacted as soon as possible.

I confirm that I have supplied all the current medial/dietary/health information and contact details relating to my child(ren) and understand that I am responsible for updating these details and supplying any other information Breakfast Club Staff may need in the future.

I have read and understood the above terms and conditions and I agree to abide by them.

Signed: _____ Parent/Carer

Print name: _____ Date: _____

*relates to academic year