Thank you for your interest in our Breakfast Club.

The aim of the club is to support families who need to drop children off before the start of the school day and to provide a healthy breakfast for children.

Our club details are;

**Staff:** Mrs Huelin, Ms. Reskana, Ms. Blanchet , Mrs Rondel &

Miss Kenwright

**Time:** 7.30am – 8.15am

**Venue:** In the School Hall, access is through blue door at the left-hand side of school near Year 1 classrooms.

**Breakfast:** A healthy breakfast will be provided – food available includes porridge, cereal, fruit, yoghurt, toast, and occasionally fruit smoothies. Milk and water

**Cost:** The cost is £3.00 per session per child, this includes 45 minutes’ childcare and a healthy breakfast. Payment is required in advance and preferably by bank transfer. We will not make refunds for any mornings that children miss.

**Details:** A register is taken each morning, so if your child is absent please notify school in the normal way. Cancellation of your child’s breakfast club place is required in writing to the school office giving 4-weeks’ notice.

Please complete the consent form overleaf indicating which days you would like your child to attend along with any allergies your child has (e.g. nut, dairy allergy).

Our breakfast club is popular, and we may not have space for everyone, in this instance your name will be added to a waiting list, on a first come, first served basis.

Please contact the school office with any queries or concerns.

**d’Auvergne School Breakfast Club**

**Application form Summer Term 2022**

Name of Child ……………………………………………………………………………………………………………………………………….

Class………..…………..

Breakfast Club Days (**please tick**)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Required** |  |  |  |  |  |

My child has the following allergies: (if none please enter none)

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

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

Signed: …………………………………………………………………..

Name: …………………………………………………………………….

Date: …………………………………….

Should you wish to cancel your child’s breakfast club place, please advise the school office in writing giving 4-weeks’ notice.

Please note a new form is required each term.

Please return this form to the School Office.

Thank you