



# MARCHWOOD JUNIOR SCHOOL

Main Road, Marchwood, Southampton SO40 4ZH

July 2016

Dear Parents

## **Breakfast Club**

From September Marchwood Junior School will be running a breakfast club which we hope some of you may find beneficial and have listed below all the relevant information regarding this.

I am enclosing overleaf dates for breakfast club for the Autumn term 6<sup>th</sup> September to 31<sup>st</sup> October 2016. Should you have any further queries then please do contact the school office.

- Breakfast club will open every morning from 7.45 a.m until 8.35 a.m, when the school gates open to all pupils. We are unable to accept children before this time as we do not have the staff available to support them. The gate for breakfast club will close at 8.15, so please do make sure that your child arrives between 7.45 – 8.15 a.m.
- The children are served breakfast in the Rockets room where they will be given cereal, toast and a drink.
- A range of activities are provided such as games, books and toys.
- The Breakfast club is run by Mrs Naylor with the help of Mrs Thomson.
- The cost for each child to attend the breakfast club is £3.50 per session. This is payable half termly in advance and can be paid online using the Tucasi online payment system, by cash or by cheque (cheques payable to Marchwood Junior School). If the breakfast club is successful, we will continue in the spring term and investigate the use of childcare vouchers.
- Children can book for an entire week, or just for an occasional day, but the staff would have to be notified of any dates in advance.
- If you need child care before school unexpectedly, please contact the school office as soon as possible – we will always try to accommodate your child. Payment will then be due on arrival.

If you would like to reserve a place at Breakfast Club for your child, please circle the dates overleaf, complete the form and return to the school office. We will then contact you to confirm if your child has a place (or otherwise) and will then ask you for payment in advance to secure your child's place.

Please reply by Tuesday 12<sup>th</sup> July if you require a place for your child in Breakfast Club in the Autumn term. We will inform you by Friday 15<sup>th</sup> July if your child has secured a place.

If you have any queries, please do not hesitate to contact the school office.

Yours sincerely

Laurie Anderson

Head Teacher

# Marchwood Junior School Breakfast Club

**September – October 2016**

Please circle/highlight the dates that you would like to reserve a place for your child.

September

Monday	Tuesday	Wednesday	Thursday	Friday
	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>
12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	16 <sup>th</sup>
19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>
26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>

October

Monday	Tuesday	Wednesday	Thursday	Friday
3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>
17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>

Child's Name:..... Class:.....

Please note that the charge is £3.50 per day. I enclose chq/cash/electronic payment in the sum of £.....in advance payment for Breakfast Club for September and October 2016.

Signed:.....Parent/Guardian

Name:.....

Date:.....



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## Breakfast Club Application Form

### Childs information:

Childs name:

Class:

### Parent Information:

Name:

Address:

Emergency Contact Details:

1<sup>st</sup> Contact:

2nd Contact:

### Medical Information:

Please list any allergies or any medical conditions that your child has:

#### **Does your child need to take any medication whilst attending the Breakfast Club?**

(If yes, please give full details and do you give permission for a member of the Breakfast Club to administer the medication?)

**Details:**

**Yes / No**

#### **Are there any food/drinks that your child is not allowed to consume?**

(if yes, please list below)

In the event of illness or accident requiring medical treatment, I hereby give my consent for the Breakfast Club staff to seek medical advice

Signed:.....Parent/Guardian      Date:.....