

Thomas Deacon Academy Juniors

Breakfast Club

Hours: 7.40 a.m. - 8.50 a.m. every school day

Price £3.50 per session

The breakfast club provides childcare before the school day. The breakfast club is open to children at Thomas Deacon Academy Juniors and children attending Queen's Drive Infants School who are over 5 years of age.

The breakfast club will provide children with a breakfast. This will be either cereal or toast, and juice.

The club is based in the school hall and as well as providing breakfast it will offer activities for children, such as table top games, craft activities and games.

To drop children off at the Breakfast Club, please use the first set of hall doors - walk past the Office and down the side of the building.

Children attending Queen's Drive will be collected by a Teaching Assistant from Queen's Drive and walked to their school for the start of the day. Children from Thomas Deacon Academy Juniors will join the other children arriving for the start of the school day at 8.50 am and take part in the regular early morning activities in classrooms.

PAYMENTS AND BOOKINGS

Bookings to be made at least a week in advance. Dates to be clearly marked on the booking form.

Payments **must** be made at the **beginning** of the week in advance. Payments can also be made in advance for more than one week.

Parents whose children attend **Thomas Deacon Academy Juniors** can make payments using 'Parent Pay'. Parents whose children attend Queens Drive Infants can make payments via bank transfer (BACS payment) to Lloyds Bank, Account number: 18537160, Sort code: 30-84-84 and put Breakfast Club as the reference.

Please keep your receipts or proof of payment on ParentPay safe as you may need these for tax purposes. In view of our admission numbers increasing office staff will not have the capacity to retrieve previous sessions attended on your behalf.

Payments made for children who do not attend a club due to illness, will have their payment credited to another session.

If a child does not attend for any other reason there **will not** be a refund.

24 hours' notice is required if a session is cancelled stating the reason why.

Your child **will not** be put into the Breakfast Club unless all the relevant booking, registration and agreement forms are completed and returned to Thomas Deacon Academy Juniors.

Please note: If you would like to contact a member of staff in the Breakfast Club please contact them on the club telephone number: **07540 412347**.

A G R E E M E N T

Your child will have access to varied indoor/outdoor activities, weather permitting. We encourage the children to make suggestions for activities, equipment and games.

If a child becomes ill whilst in the club, every attempt will be made to contact one of the people listed on the registration form, to arrange collection of the child. The child will be cared for until collected.

In the case of a minor accident, basic First Aid will be administered by a qualified First Aider. In the case of an accident requiring more than basic First Aid, appropriate action will be taken to gain emergency medical treatment for the child.

I agree to my child receiving medical treatment in the event of any emergency.

I understand that Breakfast Club cannot accept responsibility for the children's possessions or valuables whilst they are attending the club.

I will notify the school if any contact or medical details change.

I agree to contact Thomas Deacon Academy Juniors to advise of any change in arrangements (e.g. child's absence, delay over collection of a child) or for any other reason.

I agree to pay any fees in advance.

I have parental responsibility for the child named below.

Child's name Class

Parent/Carers Signature Date

Print name (Block Capitals)

REGISTRATION FORM

All the children who attend the Breakfast Club must be registered. Please complete one form per child. Please PRINT clearly.

Child's Details

Name	
Date of Birth	
Address	

Contact Details

Name	
Relationship to child	
Address	
Telephone Contact numbers	
Email	
Parental responsibility	YES/NO

Name	
Relationship to child	
Address	
Emergency contact numbers	
Email	
Parental responsibility	YES/NO

Medical Information

Child's doctor: Tel:

Surgery address:

Does your child have any medical conditions that we should be aware of?

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Additional information i.e. special diets, allergies or anything else that the Breakfast Club should know about your child please list below.

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PARENT/CARER AGREEMENT FORM

Name of Child:

Date of Birth:

Parent Name:

1. Permission to Administer Medicine

(e.g. antibiotics, asthmatic inhalers, antihistamines, etc. provided by parent/carer)

I give permission for staff to administer medicine to the child in accordance with the official instructions supplied and in consideration I hereby undertake to supply the necessary medicine and instructions to the member of staff and to indemnify and hold harmless the member of staff, the management and local authority against any claim of any nature whatsoever arising from the administration of the medication.

Type of medicine:

When to be administered:

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Any other instructions:

Signed: Date:

2. Permission to Photograph Child

I agree for the above named child to be photographed in connections with the Breakfast Club. Photographs may be taken for educational and publicity purposes.

Yes [] / NO []

Signed:

Date:

BOOKING FORM

Term: September/October

Year: 2024

Child's Name: _____ School: _____ Yr Group: _____

Please complete this booking form for the sessions your child requires.

Section A

For a regular weekly pattern of attendance (please tick sessions required)

	Breakfast Club (£3.50 per session)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Section B

If you require a different pattern of sessions please list the required dates below and tick for Breakfast Club.

Date	Breakfast Club (£3.50 per session)

Payment made on ParentPay/Childcare vouchers/BACS/ *(please delete as applicable).

Total £ _____

For office use only	
Date form received _____	Booking made <input type="checkbox"/>
Signed _____	

BREAKFAST CLUB Term Dates: 5th September – 25th October 2024

SEPTEMBER 2024						
M	T	W	T	F	S	S
			5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

OCTOBER 2024						
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
HALF TERM						

Total no of sessions: @ £3.50 =

* Paid by /ParentPay/Childcare vouchers/BACS/*(please delete as applicable)

EXAMPLE OF HOW TO COMPLETE THIS BOOKING FORM:-

SEPTEMBER 2024						
M	T	W	T	F	S	S
			5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

OCTOBER 2024						
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
HALF TERM						

Total no of sessions:3..... @ £3.50 =£10.50.....

Paid by /ParentPay/Childcare vouchers/BACS/*(please delete as applicable)