

# All Saints C of E Primary School

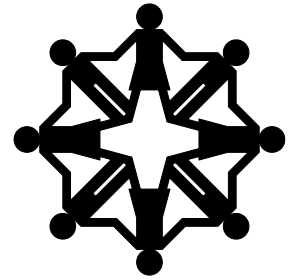
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Headteacher: Mrs Josephine Copeland MA



**All believing, all achieving**

## BREAKFAST CLUB POLICY AND APPLICATION FORM

### Parent – School Contract

The aim of this contract is to provide both the school and parents with clear terms and conditions that form the contract between All Saints' Breakfast Club and its users. Please note that this is a legally enforcement agreement. Non-payment of fees could result in further action being taken.

- The school will ensure that Breakfast Club provides:
- Adequate staffing ratios
- A nutritious breakfast in line with food standards, served until 8.30am.
- A range of activities including sports activities with Ballers Coaching

Places at Breakfast Club will be allocated on a first come/first served basis but if parents feel there are any exceptional circumstances that should influence whether their child is allocated a place these would be considered.

Breakfast Club fees are payable weekly in advance via the Schoolgateway App and bookings are also made on the App. **The current cost is £3.00 a day per child.** If you require any information please speak to the school office for advice.

As a parent I will ensure that:

- I agree to pay for my child's provision in advance and contact the school office book to secure a place
- If I no longer require a place for my child, I will provide the school with one week's notice.  
I understand if my payments are not made in advance the school can withdraw my child from the club with one week's written notice.  
My child's behavior is good and does not have a detrimental effect on other pupils' experience at Breakfast Club.
- Parents are asked to keep the school informed of any change of emergency contacts via the school office as well as notifying the Breakfast Club Manager.
- Occasionally photographs may be taken of the Breakfast Club Children for display purposes. If you object to your child being photographed please ensure this is made clear in the relevant section of the Breakfast Club application form.



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Please note children can **NOT** be left unsupervised before 7.45am. All children must be brought into Breakfast Club and signed in. This is in line with our Safeguarding Children Policy which the school must legally adhere to.

**Entrance to breakfast club is from disability ramp 7.45am – 8.15am**  
**and the**  
**school office from 8.15 – 8.45am**

**Payment Fee**

The price of each session is charged at **£3.00**. The charge will be reviewed annually.

Please be aware that due to high demand, Breakfast Club operates a cancellation policy. If bookings need to be changed or cancelled, we require a minimum of 24 hours' notice. Please contact the school office to inform us of any changes. Unfortunately, anything less than 24 hours' notice will result in your payment being lost. If you have informed the school that your child/children are absent from school due to sickness, or has been sent home sick, then your payments will be credited. In the case of prolonged unexpected absence e.g. serious illness, fees will be refunded at the discretion of the Governing Body.

**I agree to the terms and conditions above**

Parent/Carer of: (child name) \_\_\_\_\_

Parent/Carer name: \_\_\_\_\_

Sign \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_



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## **BREAKFAST CLUB APPLICATION FORM**

CHILD'S FULL NAME: \_\_\_\_\_

CLASS/ YEAR GROUP: \_\_\_\_\_/\_\_\_\_\_

START DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

END DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please circle the days needed for Breakfast Club

Monday

Tuesday

Wednesday

Thursday

Friday

### **EMERGENCY CONTACT DETAILS**

CONTACT NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL NO: Home \_\_\_\_\_

TEL NO: Home \_\_\_\_\_

TEL NO: work \_\_\_\_\_

TEL NO: Home \_\_\_\_\_

TEL NO: Mobile \_\_\_\_\_

TEL NO: Mobile \_\_\_\_\_

### **MEDICAL INFORMATION**

DOCTORS NAME: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_



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**ARE THERE ANY CONDITIONS THAT THE SCHOOL SHOULD BE AWARE OF?**

MEDICAL CONDITONS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

HEARING \_\_\_\_\_ VISION/EYESIGHT \_\_\_\_\_

SPEECH DIFFICULTIES \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS? \*YES/NO (if yes please provide details)

**IS YOUR CHILD A VEGETARIAN: Please delete as appropriate** \*YES/NO

**PHOTOGRAPHS – Please delete as appropriate**

\*I DO /DO NOT WISH MY CHILD TO BE PHOTOGRAPHED FOR DISPLAY OR PUBLICITY PURPOSES.

**I DECLARE THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND COMPLETE. I UNDERSTAND THAT THE INFORMATION THAT I HAVE PROVIDED ON THIS FORM IS COVERED BY THE DATA PROTECTION ACT 1998.**

***DATA PROTECTION ACT 1998***

*This act regulates how we obtain and use information about individuals. The information you supply is being collected for the purpose of providing an education service but may be used for wider purposes. When you sign this document you are consenting to that use. The information may be shared with other internal directorates of London Borough of Croydon those with parental responsibility, education establishments, other LA's, and the Department for Education.*

SIGNED: \_\_\_\_\_ (Parent/Carer)

DATE: \_\_\_\_\_



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