



## KHALSA PRIMARY SCHOOL

*'Faith Inspired Education'*

Wexham Road, Slough, Berkshire, SL2 5QR Tel: 01753 823501

Email: [office@kpsslough.com](mailto:office@kpsslough.com) Web: <http://www.khalsaprimarieschool.com>



### **Breakfast Club Information**

Opening times:	7.15 – 8.20am (Monday to Friday, Term time only)
Venue:	School Hall
Price:	£4.00 per session = Full time place £20.00 per week
Contact number:	01753 823501

#### **Payments**

This is to be paid in full at the start of each week (full time and part time places), on a daily basis for those families using the service on an ad-hoc basis. Payment should be handed in a named sealed envelope to the Breakfast Club Co-ordinator Mrs P Panesar.

Please note the non-payment will result in a child's place being withdrawn.

#### **Will meals be provided?**

A nutritious breakfast is provided which include cereal, toast, fruit juice, milk and water. This is included in the price.

#### **What will my child do at the club?**

Your child will have the opportunity to complete homework that they may have or take part in the various activities that are provided. This will vary from board games, arts and crafts, physical activities and other stimulating activities suitable for all age groups.

#### **Who will be running the club?**

The breakfast club will be led by Mrs P Panesar and Mr L Gill who are current members of staff.

The club will follow the school Out of Hours Policy and School Policies for Behaviour, Anti-Bullying, Child Protection, Equal Opportunities, Racial Equality, First Aid, Emergency Action and Health and Safety. It will observe the guidance within national Ofsted standards of care, learning and play, involving and consulting, physical environment, equipment and parents and carers. Copies of all of these can be obtained on request.



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## Breakfast Club Registration Form

I request a place for my child/children:

Name of child	Date of Birth	Class

Parent/Carer Details:

	Emergency Contact 1	Emergency Contact 2
Name		
Address		
Relationship to child		
Telephone Number		

Please note that in the event of an emergency the parent/carer notes as 'Emergency Contact 1' will be our first point of contact.

I would like a full time place

I would like a part time place on the following days:

Monday	Tuesday	Wednesday	Thursday	Friday

I would like to use the Breakfast Club on an 'ad-hoc basis'.



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**Breakfast Club Medical Questionnaire**

Name of Pupil: \_\_\_\_\_

Details of any medication conditions, disabilities or allergies \_\_\_\_\_

Please give current treatment including medication: \_\_\_\_\_

\_\_\_\_\_

Details of any special dietary requirements: \_\_\_\_\_

\_\_\_\_\_

Doctors name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What breakfast would your child prefer? (e.g. cereal, toast) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact details during Breakfast Club hours:

Please note that in the event of an emergency the parent/carer notes as 'Emergency Contact 1' will be our first point of contact.

	Emergency Contact 1	Emergency Contact 2
Name		
Address		
Relationship to child		
Telephone Number		

I confirm that to the best of my knowledge the information I have given is complete and true. I authorise Breakfast Club Staff to carry out the actions I have advised in the event of my child becoming ill.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ (Club Staff)

This form should be returned to the school office.



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**Breakfast Club Contract Agreement**

Child(ren) Name(s): \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Class: \_\_\_\_\_

Child(ren) DOB(s) \_\_\_\_\_

My child(ren) will attend the Breakfast Club on a: \*Full time basis

(\*please indicate accordingly) \*Part time basis

\*Ad-hoc

I understand that even if my child does not attend all sessions in a week, the full weekly rate is payable as the Club has the same daily charges costs. If a child has a part time place, missed sessions will be charged accordingly to the number of days the child normally attends.

My child will arrive at approximately 7.15am and I understand that the Breakfast Club Staff will release them for school at 8.20am.

I agree to my child(ren) receiving medical treatment in the event of an emergency and that I will be contacted as soon as possible.

I have supplied all the current medical information and contact details relating to my child(ren) and I will be responsible for updating these details and supplying any details Breakfast Club Staff may need in the future.

Signed: \_\_\_\_\_ (Parent/Guardian)

Signed: \_\_\_\_\_ (Breakfast Club Staff)

Date: \_\_\_\_\_