



**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**

All bookings and payments should be paid in advance through your ParentMail account. Parents can purchase 2 weeks in advance of the Monday of the template week. Please note selections will close 1 days before the booking is due to take place. In order to be able to see the Breakfast Club Register, please contact the School Office. **Please note non-payment will result in a child's place being withdrawn.**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 Mrs Kaur 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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## Registration Form

I request a place for my child/children:

Name of Child	Date of Birth	Class

Parent/Carer Details:

	Contact 1	Contact 2
Name		
Relationship to child		
Address		
Telephone		

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





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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) \_\_\_\_\_

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)





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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

\*Part time basis

(\*please indicate accordingly)

I understand that you will not accept my child(ren) if they have not been pre-booked through my parentmail account.

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: \_\_\_\_\_

**This form should be returned to the school office.**

