

The Discovery School



Breakfast Club

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The Discovery School Breakfast Club is operated by the school during term time only. The breakfast club is not open on INSET days or during school holidays.

The Discovery School Breakfast Club

Opening Times (Term time only and excluding INSET Days)

Before school: 7:30 a.m. – 8:40 a.m.

We would ask that bookings be made online or via the School Office by 3pm the day before.

All children will be provided with a nutritious breakfast and a relaxed start to the school day.

Food: Cereals, fruit and yogurts together with a choice of hot food are available. The hot food choices are usually:

- beans/ spaghetti on toast
- butter / marmite / jam on toast
- breakfast pastry/ crumpets/ English Muffins

Drinks provided will be a choice of fruit juice, milk or water.

**Current Fees (From 1.04.21– 1.04.22)
Breakfast Club (per child/per session)**

£4.00

NB: Fees should be paid in advance

Please note that children should arrive by 8:00am at the latest if they wish to have hot food as later orders cannot be accepted.

Registration

To register a place for your child at The Discovery School Breakfast Club, please return the attached form to the school office. For further information please contact the school office on 01732 847000 or email office@discovery.kent.sch.uk

Cancellation

We would ask that notice is given to the School Office before 3pm (for the next school day's session) if a child, previously booked, is not going to be attending in order for us to ensure that our registration system is correct.

General Structure of the Club

7:30am	Doors open / free play (outdoors if weather permitting)
8:00am	Last orders placed for hot food
8:10am	Breakfast served
8:40am	Children released for the start of school. (Foundation stage children will be escorted by a member of The Discovery School staff)

The Discovery School Breakfast Club Consent and Registration form

Child/Children's Full Name/s: _____

Child's Address: _____

Date of Birth: _____ Class: _____

Name of Parents &/or Legal Guardians _____

Address (if different from above) _____

Parent 1

Name: _____ Work Tel No: _____

Mobile: _____

Parent 2:

Name: _____ Work Tel No: _____

Mobile: _____

Emergency Contacts

Name: _____ Relationship: _____

Work: _____ Mobile: _____

Name: _____ Relationship: _____

Work: _____ Mobile: _____

Medical and Allergy Information

Details of Child's Doctor _____

Address _____

Does your child have any known medical problems / allergies? If so, please state

Details _____

Does your child have any special dietary requirements or food that they are not allowed?

YES/ NO

Please specify: _____

If your child suffers from asthma, please provide an inhaler (clearly named)

Please sign to give consent for us to administer inhalers, if necessary

Signed _____

If you require staff to administer medicine, then a separate 'Medication Permission' Form should be filled in. These are available from the school office.

I authorise/ do not authorise (please delete) members of staff to give consent on my behalf for anaesthetic to be administered or for any other urgent medical treatment to be given to my child on the advice of a qualified medical practitioner.

Signed: _____ Date: _____

I UNDERSTAND THAT FEES ARE PAYABLE IN ADVANCE AND THAT NON-PAYMENT MAY LEAD TO MY CHILD'S ACCESS BEING REFUSED TO THE CLUB UNTIL TOTAL PAYMENT IS RECEIVED.

PAYMENT MAY BE MADE VIA SCHOOL GATEWAY OR VIA A RECOGNISED CHILDCARE VOUCHER PROVIDER.

Signed _____ Date _____

Print Name _____ Relationship to Child _____