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.

Bookings can be made be made online or via the School Office. Bookings must be made <u>48 hours before</u> the required session to ensure that sufficient staff and resources are available.

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 1/9/25–1/9/26) Breakfast Club (per child/per session)

£4.75

NB: Fees must be paid in advance unless childcare vouchers are being used for payment

Please note that children should arrive by <u>8:00am at the latest</u> if they wish to have breakfast as late 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 2pm (for the next school day's session) if a child booked into Breakfast Club is not going to be attending, to ensure that our registration system is correct.

General Structure of the Club

7:30am Doors open / free play (outdoors if weather permitting)

7.30 – 8.10am Breakfast is 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 abo	ove)			
Parent 1 Name: Mobile:		Work Tel No:		-
Parent 2: Name: Mobile:		Work Tel No:		-
Emergency Contacts			Relationship:	
	Name:		Relationship:	

Medical and Allergy Information				
Details of Child's Doctor				
Address				
Does your child have any known medical problem	ns / allergies? If so, please state			
Details				
Does your child have any special dietary requiren	nents or food that they are not allowed?			
YES/ NO				
Please specify:				
If your child suffers from asthma, please provide Please sign to give consent for us to administer in				
Signed				
If you require staff to administer medicine, then filled in. These are available from the school office	a separate 'Medication Permission' Form should be e.			
I authorise/ do not authorise (please delete) mer anaesthetic to be administered or for any other u the advice of a qualified medical practitioner.	nbers of staff to give consent on my behalf for urgent medical treatment to be given to my child on			
Signed:	Date:			
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			