

# 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 online or via the School Office. Bookings must be made **48 hours before** 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 hot food is available. The hot food choices are usually:

- toast with butter
- selection of breakfast items including crumpets etc

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

#### Current Fees (From 1/9/26– 31/08/27) Breakfast Club (per child/per session)

£5.25

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

Please note that children should arrive by **8:00am at the latest** 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](mailto: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 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 \_\_\_\_\_