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 1.04.19–1.04.20) 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 Lega	al Guardians			
Address (if different from a	above)			
Parent 1				
N.A. alatta		Work Tel No:		
Parent 2:				
		Work Tel No:		
Emergency Contacts	Namo		Relationship:	
Lineigency Contacts				
			Relationship:	
	Work:		Mobile:	

Medical and Allergy Information			
Details of Child's Doctor			
Address			
Does your child have any known medical pro			
Details			
Does your child have any special dietary requ	uirements or food that they are not allowed?		
YES/ NO			
Please specify:			
If your child suffers from asthma, please pro Please sign to give consent for us to adminis	· · · · · · · · · · · · · · · · · · ·		
Signed			
If you require staff to administer medicine, t filled in. These are available from the school	hen a separate 'Medication Permission' Form should be office.		
· · · · · · · · · · · · · · · · · · ·	members of staff to give consent on my behalf for her urgent medical treatment to be given to my child on the		
Signed:	Date:		
CHILD'S ACCESS BEING REFUSED TO THE CLU	EWAY (subject to a minimum amount of £10) OR TO THE		
Signed	Date		
Print Name	Relationship to Child		