**Breakfast Club Contract**

SinglePoint will…

* Ensure your child has a guaranteed place on the days requested unless oversubscribed
* Provide a nutritionally balanced breakfast
* Provide fun games and activities run by staff
* Be vigilant and provide for individual needs including allergies and medical requirements
* Ensure your child is in school on time
* Keep you informed of any relevant changes that occur in breakfast club provision

As a parent/carer…

* I understand that I need to book regular set days for my child.
* I have made staff aware of any relevant medical information and/or allergies. (It is your responsibility to inform staff of medication)
* I understand that I must pay in advance.
* I have completed a contact information form and agree to keep staff updated on any changes of information (especially mobile phone number)
* I understand that I will be turned away if I have not paid or booked my child in
* I understand that I am not guaranteed extra days if the club is over-subscribed
* I understand that no refunds will be provided if my child doesn’t attend unless there are exceptional circumstances which will be considered on an individual basis.
* I understand that a member of SinglePoint staff will be responsible for signing my child in on registration at the gate. **Parent/carer must be present for signing in.**

Childs name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breakfast Club - Booking Information**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **School**  |  |
| **School Year** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

* Children will be registered by a member of staff
* Places must be pre booked and the month paid in advance.
* The cost of breakfast club is £5 per child per session.

**Please note SFX children will be departing SinglePoint prior to 8:30am.**

Childs name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_