



## **JESSOP PRIMARY SCHOOL & CHILDREN'S CENTRE EXTENDED DAY - BREAKFAST CLUB CONTRACT**

**THIS CONTRACT IS BETWEEN THE PARENT/CARER AND JESSOP PRIMARY SCHOOL & CHILDREN'S CENTRE FOR YOUR CHILD/CHILDREN TO ATTEND THE BREAKFAST CLUB PROVISION**

- The cost is currently £1.50 per session and I agree to **pay monthly in advance** at the school office. **Unfortunately, contracts without payment will not be accepted**
- When I receive a letter from the school office stating outstanding fees I have to pay them **within 7 days** or contact school office to discuss this matter, otherwise the services for my child/children will be suspended until payments are settled in full
- Children from Nursery age to year 2 have to be escorted into the school's office each morning and 'signed in' on the register by parent/carer. Child/children from year 3 till year 6 may sign in by themselves with parent/carer's written permission.
- I understand that the Breakfast Club **is not open for children until 8am**
- If I no longer require a place for my child/children, I will give written notice of this to the school office in order for the charges to be stopped
- I understand that I have to pay for the days as contracted. Credits will only be given for sick leave or if the school is closed
- I understand that breakfast service ends at 8.45am
- I understand I have to fill in a new contract when the days change for my child/children to attend Breakfast Club
- In the event of my child/children receiving an injury, I give my permission for them to receive first aid or be seen by the emergency services if necessary



Name of child: \_\_\_\_\_

Class: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Start date: \_\_\_\_\_

Days contracted:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

**Parent/Carer's contact details:**

Home telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work number: \_\_\_\_\_

**Contact details of additional adult:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Health: (Please state any medical conditions or allergies that we need to be aware of):**

\_\_\_\_\_

**I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE**

Parent/Carer (print) .....

Parent/Carer (sign) .....

Date.....