

Dear Parent/Guardian

We are actively seeking to commence a breakfast club within your school. The club will run from 8am to 8.55/9am (dependent on when school day starts) from the dining hall. The cost of the service is £3.95 per session and £3.50 for siblings. The service will offer a range of cereals, toast or healthy snack and drinks and the children will have the opportunity to join in activities/games in the morning.

The service can be booked on a contract basis with set days each week or alternatively you can book your child on an ad hoc basis. We wish to provide a flexible service and will endeavor to provide a place to your child. Places cannot be guaranteed if they are ad hoc and confirmation will only be given at time of booking.

We are keen to collate your responses as soon as possible in order for us to confirm that we will be able to operate a service within your school.

Please complete booking form and return by Friday 4th March 2016.

If you require any further information please do not hesitate to contact us.

Kind regards

Gayle Watt & Shona Carse
Tel: 07921787889 Gayle
Tel: 0745132031 Shona

bishoptonoutofschoolcare@outlook.com

East Renfrewshire Breakfast Club Booking Form

Name of child/ children:

Name of School your child/children attend:

Please underline the sessions you require on a contracted basis, this will guarantee your child a place throughout the school year.

AM

Monday Tuesday Wednesday Thursday Friday

If you require additional dates after you have submitted your booking form, we will do our best to accommodate you.

Please note: Full fees will be charged for all booked sessions even in the event of any absences. All fees must be received on 1st of the Month for that month ahead.

Persistent late or non payment of fees may jeopardise my child's continued place.

I consent for my child to attend this service: I understand that the service has policies and procedures that myself and my child/children agree to abide by.

I understand that the information given in this registration form is confidential.

I give permission for the setting to share information with other professionals as appropriate.

Parent/Guardian signature:

Email Address:

Contact Telephone Number: