High Green Primary School Wortley Road High Green Sheffield S35 4LU High Green
Primary School

Head Teacher: Mrs Diane Smales

Tel: 0114 28488264

Email: enquiries@highgreen.sheffield.sch.uk

Website: www.highgreenprimary.co.uk

Dear Parent/Carer

School Breakfast Club

Thank you for expressing an interest in our school breakfast club, the club is only open to children attending our school in years Y1 to Y6, and as places are limited they will be allocated on a first come basis, there are however other local provisions in the area which provide before and after school care.

Our breakfast club is held in the school hall and starts from **8.15am** and runs until 8.45am Monday to Friday during the school term. For health, safety and insurance reasons we cannot accept children in to the breakfast club before 8.15am, parents are asked not to send their child before 8.15am as there will be no staff available to supervise them.

The cost of our breakfast club is £1.50 per session (for the first child) and £1.00 for each subsequent child in the same family. The cost includes the choice of a range of healthy breakfast options, in line with our healthy school status.

As we only have <u>12 places</u> available these will be allocated on a first booked basis. We ask that parents/carers use the booking form attached to tell us which days they would like their child to attend the club. You can tell Mrs Roberts who runs our breakfast club each week on a Friday Morning, (using the booking form) for the following week, or book your child's place for the whole term in advance.

We ask that payment for all the days your child will be attending each week is paid each Monday morning to Mrs Roberts.

Unfortunately, if your child is unable to attend one of the sessions you have booked for them, for example due to illness we cannot make a refund as this place will have been held for your child.

Thank you for your interest in our breakfast club

Yours Faithfully

Mr C Grav

School Business Manager

Mrs J Roberts

Breakfast Club Coordinator



Breakfast Club Booking Form

		-				
	Childs Name:					
	Class:					
	Parent Name:					
Parent	Emergency Contact No:.			C 100 TAL 5		· ·
Ιν	vould Like My Child to A	ttend Bre	eakfast Club	on the Days	Indicated	Relow
	Days (tick each day)	Mon	Tue	Wed	Thur	Fri
	Week Starting: (insert Week Commencing: / / Week Only					
	or the Whole Term term start date)	Term Starting: / /				
or healt Club Co Aware o						
res firs and	nderstand that breakfast ponsibility until this time t day my child attends a I that submitting this for sh my child (named above) t	e, I under nd that p m does r	rstand that I i places are allo not guarante	must pay fo ocated on a e my child a	r each wee first come place.	k on the basis,
Sig	ned:					
Dat	e:					
	B/Fast Club Use: Form Recd:		_ by	_		
	Place Allocated Yes/No		Parent Inf	ormed		
	Comments:					
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