



ST. JOHNS PRIMARY SCHOOL
DAYS: MONDAY - FRIDAY
COST: £2.50 per session (Breakfast Included)
 £2.00 for additional siblings
FOR: YR – Y6
TIME: 8.00 – 8.45
START: Monday 5th Jun – Friday 21st Jul 17

**Don't forget
 Holiday Clubs
 are available
 near you!**

SCL's Breakfast Club is the perfect way to kick start your child's day! As well as a range of cereals, toast and fresh fruit on offer, your child will also take part in an exciting activity each morning. These activities include team games, arts and crafts, board games and challenges!



Further Information

Where does the breakfast club take place?

Breakfast Club is held in the school hall, where the children are signed in.

What happens after Breakfast Club?

At the end of the session all pupils are escorted to their classrooms.

The Benefits of Breakfast Club

- Avoid the morning rush
- A healthy selection of cereal, fresh fruit, toast, preserves & more
- Make new friends
- Booking accepted on the day

SCL Staff
The lead tutor of your child's class is:

- Childcare/Sports Coaching Qualified
- First Aid Qualified
- DBS (formerly CRB) Checked
- Fully insured & Child Protection Trained

Find SCL on

Payment Terms & Conditions
 Please complete the booking form and return it along with payment to the school office prior to the session where possible. However you may use the service without a prior booking as long as **payment is made to an SCL member of staff on the day of attendance. Please make cheques payable to St. Johns Primary School** and ensure that your child's name is on the back of the cheque. All places are accepted unless the school inform you otherwise. For full terms and conditions please visit www.wearescl.co.uk

www.wearescl.co.uk **TEL: 0345 6445747*** Call Charges may apply enquiries@wearescl.co.uk

✂-----*By signing this form you are agreeing to SCL's terms and conditions above-----

ST. JOHNS PRIMARY SCHOOL **JUNE _ JULY 2017**

CHILD'S FULL NAME: _____ AGE: _____ CLASS: _____ SCHOOL: _____

ADDRESS: _____ POSTCODE: _____

EMERGENCY CONTACT NO'S: _____

MEDICAL CONCERNS/ALLERGIES: _____

Please indicate by ticking which sessions you would like:

W/C 5 th June	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	All week <input type="checkbox"/>
W/C 12 th June	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	All week <input type="checkbox"/>
W/C 19 th June	N/A	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	N/A
W/C 26 th June	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	All week <input type="checkbox"/>
W/C 3 rd July	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	All week <input type="checkbox"/>
W/C 10 th July	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	All week <input type="checkbox"/>
W/C 17 th July	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>	All week <input type="checkbox"/>

I enclose payment for £ _____ Please make cheques payable to St. Johns Primary School

PARENT NAME: _____ SIGNATURE: _____ DATE: _____