**BROOKFIELD JUNIOR SCHOOL**
Swallow Road, Larkfield, Aylesford, Kent. ME20 6PY
Tel: 01732 843 667 Email: office@brookfield-jun.kent.sch.uk
Web: www.brookfield-jun.kent.sch.uk

**Head of School: Mr N South**
**Executive Headteacher: Mrs P Woods** Cert. Ed. NPQH

# BROOKFIELD JUNIOR SCHOOL

## BREAKFAST CLUB

Dear Parent /Carer

At Brookfield Junior School we have a popular Breakfast Club during term time, open to children from all year groups.

The children arrive at school at 7.45am and they enjoy a breakfast of cereals, fruit juice and toast, pancakes or crumpets with yogurts and fruit on offer as well. This costs £2.00.

They take part in the different activities in the hall, on the playground or in the ICT Suite until 8.30am. Brookfield Junior School children then go to their classrooms for the start of the school day.

Brookfield Infant School and Lunsford School children are escorted back to school by a member of their school staff.

Children are supervised at all times and may attend as many times each week as they wish.

If you wish your child to eat breakfast, please ensure they arrive before 8.10am as the kitchen is cleared up after this time in order for staff to be in class by 8.30am.

Our Breakfast Club is non-profit making and for this reason we must have daily payment.

Please complete the permission slip attached and return it to the Breakfast Club Leaders or the office at Brookfield Junior School. Thank you.

Yours sincerely

*The Breakfast Club Team*

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## Breakfast Club

To: Brookfield Junior School ~ Breakfast Club Leaders

I give permission for my child to attend Breakfast Club on the following days:-

Monday …… Tuesday …… Wednesday …… Thursday …… Friday ……

My child attends:

| Brookfield Junior School | Brookfield Infant School | Lunsford School |
|---|---|---|
| ☐ | ☐ | ☐ |

My child has:
no illness, allergy or physical disability ☐
an illness, allergy or physical disability ☐ (please specify)

_____

which necessitates the following medical treatment:

_____

| | | |
|---|---|---|
| Has your child received vaccination against Tetanus in the last ten years? | YES | NO |
| *Is your child receiving medical treatment of any kind* from either your Family Doctor or Hospital? | YES | NO |

*Has your child had/have any of the following:-* PLEASE CIRCLE YOUR ANSWER

| | | |
|---|---|---|
| Asthma or Bronchitis | YES | NO |
| Heart condition | YES | NO |
| Fits, fainting or blackouts | YES | NO |
| Severe headaches | YES | NO |
| Diabetes | YES | NO |
| Allergies to any know drugs or medication | YES | NO |
| Any other allergies e.g. material, food, insect bites etc., | YES | NO |
| Other illness or disability | YES | NO |
| Any recent contact with contagious diseases and infections | YES | NO |

My Child has the following food allergies:
……

……

Should the necessity arise, I agree to the person in charge of the party giving consent on my behalf, for an anaesthetic to be administered and any other urgent medical treatment to be given.
If there are medical or religious exceptions to this please specify and sign.

Exceptions: _____

In the case of an emergency, please contact the following:-

Name: …… Relationship to child: …….. Telephone Number ……

I agree to paying daily or in advance.

I understand that if my child wishes to eat breakfast, he/she must arrive before 8.10am

Child's name …… Class …….. Signed ……

*The Flourish Federation*
*Brookfield Infant School and*
*Brookfield Junior School*