## Isleham C of E (C) Primary School



Headteacher: Mrs S Skillern

office@isleham.cambs.sch.uk

Dear Parents/Carers,

Malting Lane, Isleham, Cambs. CB7 5RZ Tel. & Fax: (01638) 780336 www.isleham.cambs.sch.uk

August 2017

Breakfast club runs each week day during term-time from 7.45am. The cost, including breakfast is  $\pounds 4.00$  per session ( $\pounds 3.25$  for each additional sibling). For your information, we are able to accept some childcare vouchers. If you have access to this tax saving scheme, or would like more information, please speak to Mrs Dennis, Finance Manager.

The Breakfast Club is based in the large group room and run by Mrs Goldsack, Mrs Drayton, Mrs White & Mrs Dalton-Cole. On arrival for the session, you will need to sign your child/children in; they will then be provided with breakfast (toast with jam or marmite, a selection of cereals, yoghurts, fruit, milk and fruit juice) followed by a choice of activities (including outdoor play in the warmer months). At 8.50 a.m. Breakfast Club children will join the rest of the school on the playground for a short supervised play before the start of the school day. \*Please note, breakfast is only served until 8.20 a.m. The gate closes at 8.30 a.m.\*

If you would like your child(ren) to attend, please complete and return the slip below. We ask that you book your child a place for the sessions termly, as we are not able to accommodate ad-hoc requests. If a child is away from school for any reason, then the morning will still be charged for. Payment can be made on line monthly, half termly or weekly if preferred. Whilst every attempt will be made to fulfil your requests, if a requested session is full, it may not be possible for all requested sessions to be allocated. Please await confirmation of your child's place by letter before dropping your child off to Breakfast Club. In allocation places to each session, priority will be given to existing members of the Breakfast Club. If you have any queries please do not hesitate to talk to Mrs Barrett in the school office.

With kind regards, Sarah Skillern

**BREAKFAST CLUB – PLEASE RETURN AS SOON AS POSSIBLE IN ADVANCE OF EACH SCHOOL TERM** I confirm that I require the following places/days at Isleham School Breakfast Club

Child's name .....

Child's name .....

Days attending (please circle): Mon Tues Weds Thurs Fri Term attending (please circle): Autumn Spring Summer Additional information/medical/comments:

Signed: (Parent/Carer) .....

Class			•															
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Class .....

Date .....







