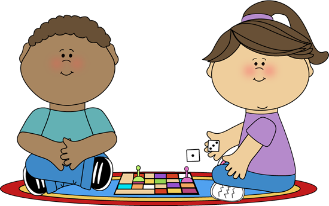
**St John’s College Junior School**



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Breakfast Club

***St John’s is a Child Safe School and Junior School students must be supervised at all times.***

7.30am to 8.30am school days (term time)

Breakfast and activities provided

Limited places: bookings essential

$6 per session

**Menu:** cereal, toast, toasties, fruit, juice & yoghurt

**Activities:** puzzles, board games, reading, craft, Lego & more!

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Medical Alerts\* | Dietary Requirements |
| Student A: |  | Yes/No |  |
| Student B: |  | Yes/No |  |
| Student C: |  | Yes/No |  |
| Student D: |  | Yes/No |  |
| *\*If yes please provide a copy of the medical management plan* | | | |

Mornings required – please tick:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

|  |  |
| --- | --- |
|  | Phone Number |
| Parent Name A: |  |
| Parent Name B: |  |
| Emergency Contact: |  |

I give permission for my child/ren to attend Breakfast Club. I agree to sign my child/ren into the program each morning they attend. I agree to pay $6 per morning that my child/ren attend the program. I understand the College will invoice me termly for the service on my statement of accounts. I agree to provide a current medical management form for my child if required and that the staff member supervising the club will provide first aid if required. In the event of an emergency an ambulance will be called and I understand I will incur the cost of the ambulance service.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_