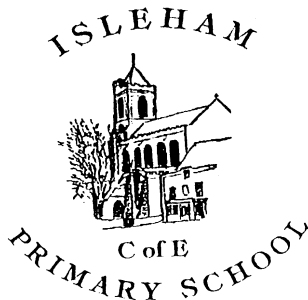


# Isleham C of E (C) Primary School



Headteacher: Mrs Sarah Skillern  
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Malting Lane,  
Isleham,  
Cambs. CB7 5RZ  
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<http://isleham.eschools.co.uk>

Dear Parents/Carers,

October 2016

Breakfast club runs each week day during term-time from 7.45am.

The cost, including breakfast is £4.00 per session (£3.25 for each additional sibling). For your information, we are able to accept Kiddivouchers or Computershare child care 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 and Mrs Drayton. 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. Your place will be confirmed by letter.

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.

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 ..... Class .....

Child's name ..... Class .....

Days attending (please circle): Mon Tues Weds Thurs Fri

Term attending (please circle): Autumn Spring Summer

Additional information/medical/comments:

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