

JUNIOR SCHOOL BREAKFAST CLUB



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

We understand that in many families both parents work and in order to support parents/guardians who need to drop of their children before 8.15am we will be offering Breakfast Club from 7.30am. Students must be registered to attend and the cost is \$6 per morning. Breakfast and activities will be provided. Students must be signed into the program each morning at the Junior School reception. Please see the attached flier. Complete and return the registration form at your earliest convenience if you wish to access the program.

Time 7.30am to 8.30am school days (term time

Cost \$6 per session which will be invoiced by the College

Limited places Bookings essential

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 ves please pr | rovide a copy of the | e 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 |
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| 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 Lunderstand Lwill incur the cost of the ambulance service. |

| Parent Signature: | Date: |
|-------------------|-------|
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