

# **RIVERVIEW C of E PRIMARY BREAKFAST CLUB**

Dear Parent/Guardian,

Welcome to Riverview C of E Primary and Nursery School Breakfast Club.

Our aim is to offer a secure, safe and fun setting that the children will look forward to coming too, before their school day starts.

An information pack giving further details of the Breakfast Club is enclosed. If there is anything else you need to know, please do not hesitate to ask us.

Organising satisfactory care arrangements for children is vital for any working parent and we will do everything possible to give your child the very best care.

Yours sincerely,

Breakfast Club Team

# RIVERVIEW C of E PRIMARY SCHOOL

## BREAKFAST CLUB

### FEES and ADMISSIONS

Fees are:

8.00 am drop off **WITH** breakfast £4.00.

8.00am drop off **NO** breakfast £3.50

Drop off **NO** breakfast **from** 8.15am £3.00

Siblings with breakfast £7.50 for 2 siblings

- Fees must be paid one month in **advance or weekly on the first day of attendance**. (Cheques made payable to **Riverview School Breakfast Club**)
- Breakfast Club starts at 08:00hrs and finishes 08:55hrs.
- Breakfast is served between 08:00hrs and 08:30hrs.
- All bookings are taken on a first serve basis.
- Parents will be made aware of the Terms and Conditions and will be required to fill in and sign the Booking form.
- No child will be discriminated against; children with disabilities are welcomed as we have very experienced staff and appropriate facilities.
- Staff must familiarise themselves with any relevant personal information about any child with regard to medical conditions, home situations etc. and will keep all information confidential.
- **Families will be charged** for any booked breakfast sessions that are missed, although we do understand that illnesses and emergencies do happen.
- Fees will only be refunded if the cancellation is made on the **day prior to the start of The Breakfast Club**. Call during Breakfast Club times or preferably text us as soon as you know that your child will not be able to attend a session at The Breakfast Club. **Tel no.07704805599**
- We are prepared to give medication providing a Medication Form has been filled in when registering and the medication is clearly labeled.

# **RIVERVIEW C.of E. PRIMARY SCHOOL** **BREAKFAST CLUB**

## **The Aims and Objectives of The Breakfast Club**

The aim of The Breakfast Club is to provide high quality, safe and friendly childcare for children living in the Epsom & Ewell area.

Our objectives are:

- \* To provide a nutritious breakfast
- \* To help children develop social and practical skills
- \* To promote and encourage children's self-confidence
- \* To encourage children to express themselves
- \* To provide opportunities for decision making
- \* To provide an environment for children to develop friendships
- \* To provide a safe and secure environment
- \* To promote learning through play
- \* To offer positive role models to children
- \* To build trust between children
- \* To develop an anti-prejudice and anti-discriminatory play environment
- \* To provide a place where children can have fun
- \* To promote inclusive play

The Breakfast Club aims to offer appropriate play and activities to all children,

whatever their race, culture, religion, means or ability.

## **RIVERVIEW C of E PRIMARY SCHOOL BREAKFAST CLUB**

### **PROGRAMME SCHEDULE**

- Children will be brought to the door in the Children's Centre at 8.00am

Breakfast will be provided from a selection of toast, cereals, yoghurt, fruit and a drink.

This will be served between 8am - 8.30am.

Any special dietary needs must be noted on the registration form.

- The Breakfast Club's programme of activities will differ from day to day, but will always take into account the child's own preferences. A quiet area will be available every day.
- Other activities will include: board games, puzzles, arts & crafts, lego, role play.
- A child will never be forced to join in any activity against his or her wishes.
- At 8:45am the children are taken to school by a member of the Breakfast Club to get ready for learning. The bell goes at 8.55am
- Reception children will be taken to their classroom

# **RIVERVIEW C.of E. PRIMARY SCHOOL**

## **BREAKFAST CLUB**

### **BEHAVIOUR**

Each child will be treated with respect and concern for his/her needs. Guidance and discipline shall be positive, productive, non-punitive and appropriate to the situation and to each individual child's development.

#### **GUIDELINES:**

( Staff follow the school's Behaviour Policy which can be found on the website)

- Explanation and redirection will be the standard
- In severe cases the Breakfast Club Manager will discuss with the child the reasons why his/her behaviour is unacceptable.
- A member of SLT can be called to assist with children's behaviour if necessary
- In the case of physical fighting, restraint by the club staff may be used, but never any form of physical punishment, and no physical restraint of any sort shall be used to confine the child.
- Parents will be notified of any incident involving their child where a serious breach of discipline has occurred and any action taken by the Breakfast Club Manager to resolve it.
- If there is a persistent problem with a child, the Breakfast Club Manager will consult his/her parents to discuss the issue and agree an appropriate course of action.

# **RIVERVIEW C.of E. PRIMARY SCHOOL BREAKFAST CLUB**

## **EQUAL OPPORTUNITES POLICY**

Riverview Breakfast Club has formally adopted the Equal Opportunities Policy Statement of Riverview School.

### **Policy Statement**

The school is committed to providing an education for children which offers Equality of Opportunity for all and freedom from discrimination on grounds of race, gender, class, disability or faith. As a Church Aided School, Riverview is a Christian community which aims in every way to be inclusive of all people, and works to eliminate all forms of stereotyping and discrimination. As part of their commitment to this, the Governors have adopted the Surrey County Council Equal Opportunities Policy as the basis for the School Policy.

- \* No child should receive less favourable treatment on the grounds of race, colour, ethnic or national origin, religious beliefs, disability or the ability to pay, in any matter to do with out of hour care.
  
- \* Both staff and the management will ensure that the services they provide are accessible to everyone.
  
- \* This policy will be actively promoted through our decision making, employment practices and service provision and we will strive to monitor its implementation and its effectiveness.

# **RIVERVIEW C.of E. PRIMARY SCHOOL BREAKFAST CLUB**

## **STAFFING AND SUPERVISION**

- \* The day to day running of The Breakfast Club will be the responsibility of the Breakfast Club leader, assisted by the play workers. The Club leader & workers will report to the Breakfast Club Manager.
- \* A staff/child ratio of 1:8 will be maintained at all times.
- \* All staff employed will have experience of working with children on an individual and group basis. References will always be checked thoroughly and an additional DBS check will be carried out.
- \* The Breakfast Club aims to provide continuity of staff to ensure children are cared for in a secure environment.
- \* Staff will also receive ongoing training in relevant subject areas.
- \* Staff will carry out food hygiene training.

# RIVERVIEW BREAKFAST CLUB REGISTRATION FORM

<b>Full Name of Child</b>	
<b>Date of Birth</b>	
<b>Age</b>	
<b>Child's First Language</b>	
<b>Parent/Guardian Name (First Emergency Contact)</b>	
<b>Relationship to child</b>	
<b>Home Address</b>	
<b>Home Telephone Number</b>	
<b>Mobile Number</b>	
<b>Work Address</b>	
<b>Work Telephone Number</b>	
<b>Name of Second Emergency Contact</b>	
<b>Relationship to child</b>	
<b>Contact telephone number</b>	
<b>Address</b>	
<b>Details of child's Doctor Name Telephone Number Address</b>	



<b>Does your child have any medical problems</b>		
<b>Does your child suffer from any allergies or major dislikes (e.g. food or materials)</b>		
<b>Additional Information</b>		
<b>Date you would like your child to start Breakfast Club</b>		
<b>Days Breakfast Required (Please tick)</b>	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
<b>Days Drop Off Only (Please tick)</b>	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
<b>I consent to any emergency medical treatment necessary during the running of the Breakfast Club including taking my child to hospital if necessary (Please circle)</b>  <p style="text-align: center;"><b>YES / NO</b></p>		

Signed: \_\_\_\_\_ Parent's name: \_\_\_\_\_  
Date: \_\_\_\_\_

## INDIVIDUAL VISITOR INFORMATION SHEET

Riverview Breakfast Club Staff need the information that you provide on this form so that all staff can plan for and support children while they are with us. Please read **ALL** the questions – if you have any questions please call the school office on 020-8337-1245.

SURNAME	
DATE OF BIRTH	
FORENAMES	
HOME ADDRESS	
POST CODE	
BOROUGH	
HOME TELEPHONE NUMBER	
MOBILE/WORK TELEPHONE NUMBER	

PARENT/GUARDIAN NAMES ..... MORNING TELEPHONE CONTACT NUMBER OR A PHONE NUMBER TO USE IN AN EMERGENCY .....
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WILL ANYBODY ELSE BE DROPPING YOUR CHILD OFF AT BREAKFAST CLUB	YES / NO
IF YES, PLEASE COMPLETE:- NAME OF PERSON DROPPING OFF	
TELEPHONE NUMBER	
RELATIONSHIP TO YOUR CHILD	

DOES YOUR CHILD USE ANY MEDICATION?    YES/NO  PLEASE LIST ALL MEDICINES TAKEN ON A DAILY BASIS:  
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Will your child need to take any of these medicines while they are at The Breakfast Club?    YES*/NO *IF YOU HAVE CIRCLED YES, PLEASE COMPLETE THE ATTACHED MEDICATION CONSENT FORM
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<b>IMPORTANT: ALL MEDICINES SHOULD BE HANDED TO OUR BREAKFAST CLUB STFF AT THE TIME OF REGISTRATION FOR SAFE KEEPING AND NOT KEPT WITH THE CHILD.</b>
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<b>ALLERGIES</b> DOES YOUR CHILD HAVE ANY ALLERGIES?    YES*/NONE KNOWN If you circled "YES" please give full details:
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## RIVERVIEW BREAKFAST CLUB

### MEDICATION CONSENT FORM

CHILD'S NAME ..... D.O.B. ....

ADDRESS .....

1. I agree that, in the absence of a medically qualified person, an approved member of Riverview staff may administer medication to the child in the event that he/she has need of his/her medication.
2. Nominated and approved members of staff are: Project Leader, Deputy Leader.
3. The medication will be administered by a senior member of staff, assisted by another member of staff.
4. I agree that I will provide the medication prescribed for my child in the **original container** with the **name of the child, name of the medication** and the **dosage clearly visible** on the pharmacy's original label. I understand that the medication will be kept in a secure place.
5. I am fully aware that the above named personnel are not trained or formally qualified to administer medication.
6. **About the medication:-**

Medication is (name of drug on packaging)	
Dosage (amount of medication, how many tablets, etc)	
How is the drug given (via mouth, nose, ear etc)	
Description of circumstances in which the medication should be given (times of day, appearance of certain symptoms etc)	
Should the dosage be repeated?	YES/NO
Under what circumstances should the dosage be repeated?	

How long does the medication take to work and what signs should usually be seen?	
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**IF THERE IS NO IMPROVEMENT AFTER THE ABOVE ACTION HAS BEEN TAKEN, THEN ANY MEMBER OF STAFF WILL SEND FOR AN AMBULANCE, AND ENDEAVOUR TO NOTIFY THE PARENTS OR CARERS.**

I accept that the staff will act in the best interest of my child. I understand, that although the staff are not *medically qualified* they will administer the medication as described above in a manner which may be reasonably expected of a responsible adult carer.

Print name ..... Signed.....

Address .....

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Date .....

Telephone numbers for Emergencies:

1. ....
2. ....
3. ....
4. ....