

‘Every child will have confidence
in their own self-worth
and an aspiration to achieve’



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Marpool Primary School

Marpool Breakfast & After School Club

Dear Parent/Carer

January 2018

Marpool Breakfast and After School Clubs run in the Breakfast and After School Club Rooms in the main building and is open term time for children from Marpool Primary School.

Breakfast club is open from 7.30-8.40am. There is a two-tier charge called Early Birds (7.30-8.40am) and Sleepy Heads (7.50-8.40am). The cost of this session is £4.00 for Early Birds and £3.00 for Sleepy Heads which includes breakfast and a drink. The children have the choice of cereals, fruit, yoghurt, toast, muffins and pancakes; also milk, orange or apple juice. The children from the FSU are taken up to their classes by a member of staff from Breakfast Club. The older children make their own way to their classes. Once your child is registered, children can be dropped off whenever needed, there is no need to book Breakfast Club.

After School Club runs from 3.15pm until 5.30pm and the cost of this session will be £7.00 for the evening. This price includes a healthy snack, such as fruit, toast or yoghurt and a drink, milk, water or juice.

At both clubs there are lots of activities for your children to be involved in. We have a safe secure outside area where we have access to the playground, the field; so can use the kitchen area for cooking and also the computer suite. We also have board games, craft activities, quiet reading, role play and various other things inside if we are unable to get outside. After School Club needs to be booked in advance.

If you are interested in your child attending After School Club then please can you read and sign the attached Contract and the Emergency Medical Treatment form, and also complete the booking forms, and return them to school by in order to secure your place.

Many thanks and we look forward to seeing you soon.

Zowie Sharkey

Breakfast & After School Club Manager



Marpool Breakfast & After School Club registration

Child's Name: _____ Class: _____
Date of Birth: _____ Age: _____
Ethnic Origin: _____ Religion: _____
Home Address: _____

Postcode: _____ Home tel: _____

Parent/Guardian Information

1) Parental responsibility YES/NO Name: _____
Work address: _____

Email: _____ Work tel: _____ Mobile: _____

2) Parental responsibility YES/NO Name: _____
Work address: _____

Email: _____ Work tel: _____ Mobile: _____

Other Emergency Contacts

Name: _____ Relationship: _____
Address: _____

Home tel: _____ Work tel: _____ Mobile: _____

Doctors Information

Doctors Name: _____
Surgery Address: _____

Postcode: _____ Tel No: _____

People authorised to collect the child

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Details of any significant health issues (including special educational needs and/or physical disabilities) _____

Details of any special requirements, allergies, significant food or drink preferences _____

Any other relevant information you think we should know _____

Signed: _____ Date: _____