

MOSS LANE INFANT SCHOOL

DAYS: MONDAY - FRIDAY

COST: £5.00 per session (Breakfast Included)

FOR: YR-Y2 **TIME:** 8.00-9.00

DATES: Wednesday April 24th – Friday May 24th

Don't forget to sign up to one of our after school clubs!

enquiries@wearescl.co.uk

SCL's Breakfast Club is the perfect way to kick start your child's day! As well as a range of cereals, toast & fresh fruit on offer, your child will also take part in an exciting activity each morning. These activities include team games, arts & crafts and board challenges!



Further Information

Where does the Breakfast Club take place?

Breakfast Club is held in the school hall, where all children are signed in.

What happens after Breakfast Club?

At the end of the session all pupils are escorted to their respective classrooms where they are signed in by the class teacher.

Benefits of Breakfast Club:

- Avoid the morning rush
- A healthy selection of cereal, fresh fruit, toast, preserves & more
- Make new friends

www.wearescl.co.uk

• Childcare/Sports Coaching, First Aid, DBS and Child Protection Qualified Staff

Payment Terms & Conditions

Please complete the booking form and return it along with payment to the school office prior to the session where possible. However you may use the service without a prior booking as long as payment is made to an SCL member of staff on the day of attendance Please note that we are unable to accept Childcare Vouchers as a form of payment. Please make cheques payable to Moss Lane School and ensure that your child's name is on the back of the cheque. All places are accepted unless SCL inform you otherwise. SCL are unable to issue credit notes or refunds due to a school closure or cancellation of any session by the school. The only exception would be an inset day where a credit note will be issued* SCL are unable to accept post-dated cheques. For full terms and conditions please visit www.wearescl.co.uk

TEL: 0345 6445747*Call Charges may apply

MOSS LAN	E SCHOO	BREAKFAST CLUB					APRIL – MAY 2019	
CHILD'S FUL	L NAME:				_AGE:	CLASS:		
ADDRESS:								
POSTCODE:		EMERGENCY CONTACT NO'S:						
MEDICAL CO	ONCERNS	S/ALLERO	GIES:					
W/C 22 nd April			Wed □	Thu 🗆	Fri 🗆			
W/C 29 th April						All week □		
W/C 6th May		Tue 🛘	Wed \square	Thu 🛘	Fri 🗖			
W/C 13 th May	Mon \square	Tue 🛘	Wed \square	Thu 🗆	Fri 🗆	All Week 🛘		
W/C 20th May	Mon □	Tue 🗆	Wed □	Thu 🗖	Fri 🗆	All Week □		
I enclose payment for £						eques payable to the		
School direc	ctly							
PARENT NAME:				SIGNATURE:				DATE: