

Highfield Primary School
Highfield Road
Winchmore Hill
London N21 3HE



Tel: 020 8360 2149

Fax: 020 8360 4875

Website: www.highfieldprimary.co.uk

Email: office@highfield-pri.enfield.sch.uk

Headteacher - *David Wilson B.A. (Hons)*

Deputy Headteachers–

Stephanie Morton B.A. (Hons)

Louise Calder B.A. (Hons)

Dear Parents/Carers

Welcome to the new families who would like to take up places at the Breakfast and Teatime Clubs.

I would like to take this opportunity to thank the many families that use the Breakfast and Teatime clubs and follow the procedures and protocols that are expected.

To ensure this continues may I please remind you that the agreement that you all sign needs to be adhered to.

The times for the clubs are **8am** start for the Breakfast Club – please do not bring your children in earlier as they will not be supervised and their safety may be at risk.

The Teatime Club latest pick up is at **5.50pm**, if you arrive after this time you will need to collect your child from the main reception area. If late pick-ups occur, you will be charged a late fee of £5 for every 15 minutes. If lateness continues your child will lose their place at the club.

Your child must follow the School Rules and the School Behaviour Policy whilst attending the clubs. If staff feel that this is not happening, then your child may lose their place.

Payment for the use of the clubs must be made **in advance** – if debts incur then the place for your child will end and the debt will need to be paid immediately.

We offer a discount if 2 or more siblings attend.

Missed sessions must be paid for as you are taking up a much-needed place. We have a very long waiting list. We hope to continue with this provision, however we need everybody to follow the agreement they sign when they join.

Please make sure you let the staff know of any new contact details so records can be updated straight away.

Yours sincerely



David Wilson
Headteacher

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Please complete this section:

I agree to the procedures and protocols outlined in the letter.

Parent/Carer Name:

Signature:

Child(ren) Name(s):

Date:

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Breakfast Club Agreement

Date: _____

I _____ parent/carer of _____

in Class _____ agree to pay, the daily sum of £3.50 for my child to attend Breakfast Club, to be paid on a weekly or monthly basis in advance to Highfield Primary School and that all reserved sessions must be paid for whether my child attends or not. I agree that if any sum is outstanding after one week, this will result in the termination of my child's place.

I agree that my child will abide by the school rules and Behaviour Policy whilst attending the club.

I agree that if I wish to terminate my place at the Breakfast Club, I will provide one calendar months' notice in writing and pay all outstanding charges up to the end of the notice period.

Any changes to the cost of the Breakfast Club will be notified in writing at least one calendar month prior to implementation.

Signed _____

Breakfast Club Staff

Signed _____

Parent/Carer



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Teatime Club Agreement

Date: _____

I _____ parent/carer of _____

in Class _____ agree to pay, the daily sum of £8.50 for my child to attend Teatime Club, to be paid on a weekly or monthly basis in advance to Highfield Primary School and that all reserved sessions must be paid for whether my child attends or not. I agree that if any sum is outstanding after one week, this will result in the termination of my child's place.

Late pick-up charges will apply - £5 for every 15 minutes after 5.50pm (to cover staffing charges). The School closes at 6:00pm and persistent lateness will not be acceptable, resulting in the termination of my child's placement.

I agree that my child will abide by the school rules and Behaviour Policy whilst attending the club.

I agree that if I wish to terminate my place at Teatime Club, I will provide one calendar months' notice in writing and pay all outstanding charges up to the end of the notice period.

Any changes to the cost of Teatime Club will be notified in writing at least one calendar month prior to implementation.

Signed _____

Teatime Club Staff

Signed _____

Parent/Carer



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Breakfast and Teatime Club

Child's Full Name: _____

Class: _____ Date of Birth: _____

Address: _____

Post Code: _____ Home Phone Number: _____

Mobile Phone Number: _____ Emergency Contact Phone: _____

Name of person who will normally collect your child: _____

Does your child have any dietary requirements? _____

Is s/he allergic to nuts, cheese, milk, fish, eggs (please delete as appropriate)

Does your child have any medical condition that we need to be aware of such as asthma, eczema, sickle cell, anemia, allergies etc.?

Booking information: Start date: _____

Days required (please tick)

Breakfast Club:	Monday	Tuesday	Wednesday	Thursday	Friday
Teatime Club:	Monday	Tuesday	Wednesday	Thursday	Friday

I agree to abide by the terms set out in the attached forms.

Signed: _____ Parent/Carer _____

Date: _____

