



## **Kickstart Breakfast Club**

Welcome to the Kickstart Breakfast Club at Polesden Lacey Infant School. They will provide indoor sports activities and also activities such as lego and/or drawing.

**When :** Monday, Tuesday, Wednesday, Thursday and Friday from 7:45 am

**Where:** In our school hall, accessed via the main school front door entrance

Children will be escorted to their classrooms at the start of the school day.

Places will be allocated on a first come first served basis.

Children must have registered with their place confirmed prior to using the service.

**To register:** Complete the attached application form indicating the days that you require and then hand it into the School Office

Registered children may attend ad hoc days with prior agreement with the School Office (a minimum of 24 hours notice is required). However, ad hoc places cannot be guaranteed and must be paid in cash on the day to the School Office.

**Fees:** £5 per session

**Payments:** Invoices will be issued monthly in advance. Payment is due within 14 days of issue. One full half term's notice must be given for cancellation of places.

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Polesden Lacey Infant School have an ongoing commitment to keep your personal details safe and secure at all times, and be transparent in everything we do. So, we've updated our Privacy Policy in line with the new GDPR, which explains clearly how we collect, store and manage your personal information. Our updated Privacy policy can be found on the school website: <http://polesdenlaceyinfant.surrey.sch.uk> under 'Policies'.

You have the right to withdraw your consent at any time by contacting our Data Protection Officer at [info@satswana.com](mailto:info@satswana.com)



## Kickstart Breakfast Club

Please tick days required: Mon                      Tues                      Wed                      Thurs                      Fri

Child's Name: ..... Age:.....

Date of Birth: .....

Home Address:.....

..... Postcode.....

Parent's Name: .....

Telephone: .....

Email: .....

Emergency contact name and number:

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Alternative emergency contact:

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Please give details of any allergies, illnesses, special needs, dietary restrictions, etc.

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Doctor's name and telephone number:

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I give permission for this information above to be shared with Kickstart.

Parent's Signature.....Date.....