



## CRWYS PRIMARY SCHOOL

Chapel Road,  
Three Crosses,  
Swansea  
SA4 3PU

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The Breakfast Club at Crwys begins at 8am and runs until 8:50am. It provides a healthy start to the day and ensures that children get the right nutritional balanced diet which will maximise and enhance their capacity to learn. The club is situated in the main school hall.

You may bring your child to the club between 8.00-8.20am to register. **There will be no entry to the Breakfast Club after this time.**

There are healthy choices of breakfast cereal, toast and cold drinks are also available. The Breakfast Club currently costs £1.00 a session. We encourage parents to pay monthly/weekly or termly. Payment may be made by cash or cheque to Crwys Primary School. **This must be paid in advance** and given to the Breakfast Club Supervisor (Mrs W Cornelius) on arrival.

Breakfast Club is free if your child is in receipt of free school meals.

### Breakfast Club Rules:

1. Children attending Breakfast Club should be brought to the Hall each morning by an adult. Please make sure you leave your child with a member of the breakfast club staff and not by themselves in the school or left in the playground, it is your responsibility to make sure your child arrives at the club safely.
2. All children must arrive between 8.00 and 8.20am. **There will be no entry after this time.**
3. Parents must sign the register when bringing their child(ren) to Breakfast Club.
4. After Breakfast Club the Infant children will be taken by staff to their classroom, whilst the Junior children will be taken to the top yard at 8.40am and supervised by a member of staff or, in wet weather to their classrooms.
5. Children at Breakfast Club are the responsibility of Breakfast Club staff and once they have registered children should not leave the club without permission.
6. All parents must sign a consent form for their child to attend.



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## BREAKFAST CLUB CONSENT

I consent to my child(ren): \_\_\_\_\_

Class: \_\_\_\_\_ DOB: \_\_\_\_\_ attending the Breakfast Club.

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### **I am aware that I am responsible for my child's safe arrival at the Club.**

I hereby consent to any medical, dental or surgical treatment, including the administration of an anaesthetic, which may be considered necessary for the above named.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone : \_\_\_\_\_.(Home) \_\_\_\_\_(mobile)

Alternative address and telephone number to be contacted in an emergency:

\_\_\_\_\_

Special Dietary requirements/allergies:

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