

## **Coaley Church of England Academy**

The Street, Coaley, Dursley, Gloucestershire, GL11 5EB Executive Headteacher Mr Richard Lucas t: 01453 890358 e: admin@coaley.gloucs.sch.uk www.coaleyacademy.co.uk



### **BREAKFAST CLUB - BOOKING FORM 2023/24**

The Breakfast Club operates every morning each week from **8.00am- 8.40am** term time only, the cost per session is **£2.50**, including breakfast.

Please specify a start date and indicate which days you require by ticking the boxes below:

Start date: .....

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

Child's name .....

2<sup>nd</sup> Child's name .....

3<sup>rd</sup> Child's name .....



Please tick this box if you require the above booking to continue from the start date until the end of the current academic year [in-year adjustments can be made for the next term by completing a new booking form before the end of the term prior to the required change]

• I understand that sessions are paid for in advance and no refunds are given for absences or cancellations.

• I understand that regular bookings are invoiced termly in advance (except Term 1 invoices which will be sent out as early as possible), and adhoc bookings are invoiced monthly in arrears.

• I understand that the preferred method of payment is by bank transfer to 30-93-48 78786963 (please quote your invoice number as the reference).

- I understand that, if my child is entitled to Pupil Premium funding, the cost of Breakfast Club can be paid from the funding, and that this agreement is reviewed on an annual basis.
- I understand that session times will be 8.00am 8.40am.

• I understand my child will be given breakfast consisting of toast, cereal or a pastry and a drink if required and the arrival time is between 8.00 – 8.20am. Dietary requirements for individual children can be discussed with Club staff, including allergies.

• Children will be delivered to their class teacher at 8.40am.

• I agree to keep my child away from the club if s/he is sick or if advised to do so by a doctor and/or staff members (vomiting and diarrhoea must be clear for 24 hours).

• I have read the Breakfast Club Terms and conditions, as detailed above, and accept these terms and conditions for all regular and adhoc bookings made.

Signed: .....

Name .....

Date: .....

Telephone Number: .....

| FOR OFFICE USE |          |  |  |  |
|----------------|----------|--|--|--|
| BOOKED         |          |  |  |  |
| INVOICED       | SEE OVER |  |  |  |
| PAID           | SEE OVER |  |  |  |
| BANKED         | SEE OVER |  |  |  |

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# FOR OFFICE USE ONLY

#### TERM 1

| DATE | AMOUNT | INVOICE NO | PAID | BACS/Cash | DATE PAID |
|------|--------|------------|------|-----------|-----------|
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |

#### TERM 2

| DATE | AMOUNT | INVOICE NO | PAID | BACS/Cash | DATE PAID |
|------|--------|------------|------|-----------|-----------|
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |

#### TERM 3

| DATE | AMOUNT | INVOICE NO | PAID | BACS/Cash | DATE PAID |
|------|--------|------------|------|-----------|-----------|
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |

#### TERM 4

| DATE | AMOUNT | INVOICE NO | PAID | BACS/Cash | DATE PAID |
|------|--------|------------|------|-----------|-----------|
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |

#### TERM 5

| DATE | AMOUNT | INVOICE NO | PAID | BACS/Cash | DATE PAID |
|------|--------|------------|------|-----------|-----------|
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |
|      |        |            |      |           |           |

#### TERM 6

| DATE | AMOUNT | INVOICE NO | PAID | BACS/Cash | DATE PAID |
|------|--------|------------|------|-----------|-----------|
|      |        |            |      |           |           |
|      |        |            |      |           |           |
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