***Our Vision  
‘I have set you an example that you should do as I have done’ John 13:15  
Our Values   
Respect, Community, Forgiveness, Hope, Perseverance, Trust***

As of September 2025 we are pleased to offer the facility of a breakfast and after school club.

The school breakfast club will run Monday - Friday from 7.45am until 8.45am and the children will have a good choice for breakfast, which will include cereal, toast, beans on toast, and sometimes a croissant might be spotted!

The children will have plenty of activities to keep them busy during breakfast club.

We will have an after school care club, which will run Monday-Friday from 3.25pm to 5.00pm

We hope to offer a variety of after school activity clubs, run by outside clubs. These will change termly, and we will try to offer a variety for different age groups.

Where possible we will endeavour to support parents in exceptional or compassionate circumstances. Temporary or occasional ad-hoc bookings will be accepted for those who have registered for Fox’s Den Wraparound care.

#### Fees

All fees shown are per child per session and will be payable either monthly or half-termly, in advance.

Please refer to the handbook regarding a range of ways to pay including Tax-Free Childcare and Universal Credit.

|  |  |  |
| --- | --- | --- |
| **Before school** | **From end of school** | |
| 7.45am – 8.45am | 3.25pm-4.25pm | 3.25pm-5.00pm |
| £6 | £6.25 | £9.00 |

Child’s Details

|  |  |  |
| --- | --- | --- |
| First name: | Surname: | What s/he likes to be called: |

**Parent/Guardian details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | First name: | | Surname | |
| Home address: | | | | |
| Work address: | | | | |
| Home number: | | Mobile number: | | Work number: |
| Email address: | | | | |
| Does this person have parental responsibility? Yes / No | | | | |

# Emergency Contact Details ***(please provide details of two people we can contact if we are unable to get hold of you)***

|  |  |  |
| --- | --- | --- |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

# 

|  |  |
| --- | --- |
| Name of Doctor: | |
| Address: | Telephone: |

**About your child**

|  |
| --- |
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Is there anything your child doesn’t like (food, games etc) or is frightened of? |

**Consent requests (please tick days and session required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 7.45am-8.45am |  |  |  |  |  |
| 3.25pm-4.25pm |  |  |  |  |  |
| 3.25pm-5.00pm |  |  |  |  |  |

I give my consent for my child to watch PG films, which will be strictly selected for suitable viewing. YES/NO

#### Sessions required.

Please tick all the sessions required and return back to the office before end of term.

**Signature of Parent/Carer Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_