



AFTER SCHOOL CLUBS (Spring 1)

January/February 2019



Here is the next half term of after school provision.

The sessions will start-

Week beginning – Monday 14th January 2019

5 SESSIONS

The last session will be:

Week Beginning – Monday 11th February 2019

Collecting your child

Children should be collected at 4:30pm. Please use our usual side gate entrance. We will dismiss children through the main hall doors into the early year's playground. The side gate will be opened at approx. 4:20pm.

PAYMENT

PLEASE DO NOT SEND PAYMENT WHEN YOU RETURN THIS FORM AS IT WILL BE RETURNED TO YOU. IF YOUR CHILD SECURES A PLACE ON A PAID CLUB, YOU WILL BE INVOICED WITH THE PAYMENT DETAILS. PAYMENT MUST THEN BE MADE BY THE FIRST SESSION. IF NO PAYMENT IS RECEIVED, YOUR CHILD MAY LOSE THEIR PLACE ON THE CLUB.

DEADLINE!

Please return your form NO LATER than **Monday 17th December 2018**. Forms received AFTER this date will not be considered.

WHAT NOW?

Complete the form overleaf and return to school no later than **Monday 17th December**.

All clubs will have a limited number of spaces to ensure you child's safety.

Due to the new GDPR legislation, lists will no longer be displayed on the after school club board. It will still show the days and clubs we have running.

Your child will receive a slip indicating which club they have a place on Wednesday 9th January along with an invoice if the club requires payment.

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CLUB	DAY	YEAR	STAFF	COST PER SESSION (SESSIONS)	Please tick choice(s) below
Homework	Monday	Y1-2 & siblings	Mrs Rudkin & Miss Hill	Free	
X Country	Monday	Y3-6	Mrs Meadows & Mrs Wells	Free	
Gymnastics	Monday	Y3-6	Si Sports	£4 per session	
Arts & Crafts	Tuesday	Y1-2	Miss Harris & Mrs Dredge	£2 per session	
Homework	Tuesday	Y3-6	Mrs Rudkin & Mrs Hall	Free	
Football	Tuesday	Y5-6	LCFC	Free	
Basketball	Wednesday	Y1-2	Si Sports	£4 per session	
Sign Language	Wednesday	Y3-6	Miss Whittaker	£2 per session	
Creative Dance	Thursday	Y1-2	Stevie	Free	
Textiles Crafts	Thursday	Y3-6	Mrs Stoddart & Miss Hill	£2 per session	

Childs Name.....

Class.....

Medical Needs/Allergies.....

Signed (person with parental responsibility)