## After School Clubs



Dear Parents/Carers,

Our after school sports clubs will begin from Monday 11<sup>th</sup> November from 3.20pm until 5pm. The clubs will run **until Thursday 19<sup>th</sup> December 2019**.

The cost of the clubs will be £3 per session, so the total cost for all 6 weeks will be £15.00 \*Please note Gymnastics Club will **not run on Friday 20<sup>th</sup> December 2019** and will run for 5 weeks only so the cost of this club will be £12.00. <u>All clubs need to be paid for in advance, children are expected to attend each week, however, if they do not attend a session refunds are not available.</u>

Monday		Year 3, 4, 5 and 6 Dodgeball	November $11^{th}$ $18^{th}$ $25^{th}$ December $2^{nd}$ $9^{th}$ $16^{th}$
Tuesday		Year 1-6 Lego Club	November $12^{th}19^{th}26^{th}$ December $3^{rd}10^{th}17^{th}$
Wednesday		Year 3, 4, 5, 6 Basketball	November $13^{th}20^{th}27^{th}$ December $4^{th}11^{th}18^{th}$
Thursday		Year 1-6 Art Club	November 14 <sup>th</sup> 21 <sup>st</sup> 28 <sup>th</sup> December 5 <sup>th</sup> 12 <sup>th</sup> 19 <sup>th</sup>
Friday		Year 1, 2, 3, 4 Gymnastics	November 15 <sup>th</sup> 22 <sup>nd</sup> 29 <sup>th</sup> December 6 <sup>th</sup> 13 <sup>th</sup> (5 weeks)

We have limited each club to 16 places to ensure a high quality provision and meet staffing ratios so places will be accepted on a first come first served basis.

If your child would like to attend any of the above clubs please return the attached slip in a sealed envelope with **your child's name and after school clubs** written on it, to the school office. **The envelope is to include payment**.

\_\_\_\_\_

Please indicate which club/s your child would like to attend:

Monday Tuesday Wednesday Thursday Friday		Year 3, 4, 5 and 6 Dodgeball Year 1-6 Lego Club Year 3, 4, 5, 6 Basketball Year 1-6 Art Club Year 1, 2, 3, 4 Gymnastics	YES YES YES YES YES	     	NO NO NO NO NO					
Thudy	I	rear 1, 2, 3, 4 Gymnastics	TLJ	/	NO					
I will collect my child at St Patricks Catholic Voluntary Academy at 5pm YES										
My child uses an inhaler and has a working one in school					/	NO				
I have included	£	for the cost of the club(s)		YES	/	NO				
Child name: Child				Year:						
Signed										

Parent's/carer's name \_\_\_\_\_

Contact telephone number\_\_\_\_\_