

SPRING TERM 2020 AFTER SCHOOL CLUBS

CHILD'S NAME _____ CLASS _____

I would like to request a place for my child named above to attend the following clubs (please indicate preference 1, 2 and 3, 1 being preferred – PLEASE do not put more than one “1” preference for the week)

Day	Preference 1,2,3	Club (Lead Adult)	Year Group	Maximum Number
Monday		Rugby (Mr Rayer)	Y5/Y6	25
		Reading (Mrs Morgan)	Y2	15
		Welsh (Mrs Boladz)	Y3/4	20
		Dance (Miss Gale)	Y4/5/6	35
		Girl's Football (Miss Cook)	Y5/6	25
		Mrs Jenkins (Reading Phonics)	Rec	15
Thursday		Orchestra (Mrs Lewis)	INVITATION ONLY	
		Football (Mr Lewis)	Y5/6	25
		Film (Miss John)	Y4	25
		Lego Communication (Mrs Cooper)	Y2/3	25
		Welsh (Mrs Gwynne)	Y5/6	20

**Delete as appropriate*

*My child will be collected from the school club at 4.30

*My child will be walking home on their own (Y4-6 children only)

I understand that my child will be unable to swap clubs and is committed to the club for the 7 weeks. I will inform **the office** (not the class teacher) of any changes to after school arrangements.

I consent to any emergency first aid required to be undertaken in the event of an accident.

Please tick if your child normally catches the bus home

Signed _____ Parent Contact tel number _____