

Park Lane Prímary & Nursery School

Executive Headteacher: Rob Litten

Executive Deputy Headteacher: Rachel Bains

January 2019

February Half Term Holiday Club - Reception - Year 6

Dear Parent/Carer,

During the February Half Term, we will be running a multi-sports holiday club. **The club will take place at Park Lane Primary School** from Monday 18th February – Wednesday 20th February.

Your child/children will need to bring a packed lunch for the day, a snack for morning break, along with a drinks bottle filled with water/soft drink, NO FIZZY DRINKS. We can then fill water bottles up throughout the rest of the day using the facilities at the school. Please also pack warm clothing, along with spare clothing as we will be spending time outside on the field and playground, along with a spare pair of shoes/trainers which can be worn inside.

Club days will run as follows:

9am – Register and activities

9:30am – Sport 1

10:30 – 10:50am – Break and snack

10:50am – Sport 2

12 – 1pm – Lunch and activities

1pm – Sport 3

2pm – Sport 4

3pm – Cool down period

3:15pm – Collection

The club will be run by Mr Bailey, who is First Aid trained and qualified to deliver various sporting activities, so children can expect to gain knowledge and skills of various sports being offered.

The cost is £12 per day or £30 for all 3 days. Payment should be made through the school online payment system at www.schoolgateway.com stating in the comments box, which days you are paying for.

To book your child/children's places, please complete the form below, and return to the school office or send via email to ABailey@newroad.cambs.sch.uk If you have any questions, please feel free to contact Mr Bailey at the above email address.

Yours sincerely,

Mr R Litten

Executive Headteacher

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February Half Term Holiday Club 2019

Child's Name			Class	
Email address				
I wish to book my child/children on to the February Holiday Club				
Day/Days Attending (Please circle)	: Mon 18 th Feb	Tues 19 th Feb	Weds 20 th Feb	
Emergency Contact 1 Name and Telephone number(s):				
Emergency Contact 2 Name and Telephone number(s):				
Medical Information (please also state any medication to be given on the day)				
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I give consent for my child/children to have their photo taken:				
I have paid £	using the School	Gateway online syst	rem:	
			_	
Signature of parent/carer				

Park Lane, Whittlesey, Peterborough, Cambs PE7 1JB