Archbishop Courtenay
Church *of* England
Primary School

Eccleston Road
Tovil
Maidstone
Kent
ME15 6QN

01622 754666
office@archbishopcourtenay.kent.sch.uk
www.archbishopcourtenay.org.uk

Headteacher: Mrs S Heather
Chair of Governors: R O'Connell

16th September 2021

Dear Parent/Carers

TERM 1 AFTER SCHOOL CLUBS

We will be running the following After School Clubs for Term 1 beginning from Monday 20th September 2021. The clubs will run from 3.15 pm to 4.15 pm. There are a limited number of spaces so we are going to be operating on a first come first served basis. New applications will be made each Term.

TERM 1					
Name of Club	Adult Lead	Key Stage	Day	Time	Cost Per Week
Forest School	Miss Haines	Year 1 & 2	Monday	3:15 – 4:15	£3.00
Film	Mr Webster	Year 3 to Year 6	Wednesday	3:15 – 4:15	£3.00
Choir	Mrs Irvine	All children	Wednesday	3:15 – 4:15	
Art/DT	Miss Copley & Miss Paul	Year 5 & 6	Thursday	3:15 – 4:15	£3.00
Netball	Mrs Bourdillon	Year 4,5 & 6	Thursday	3:15 – 4.:15	£3.00

The form at the bottom of this letter will need to be **returned directly to the office by Friday 17th September 2021** (handing it to a teacher may not get it to the office in time). We will inform you if your child has a place in the club and will arrange for payment to be made via ParentPay. The cost for Term 1 will be £3.00 per child per week. Please do not let the cost prevent you from applying for a place. Speak with either myself or Mrs Gooding in the strictest of confidence.

If you would like your child to attend one of the clubs above please fill out the form below and return directly to the office. Please note forms filled out incorrectly will not be accepted.

Kind regards

Mrs S Heather - Headteacher

Archbishop Courtenay Primary School – After School Clubs

CHILD'S NAME: ..... CLASS: .....

Forest Club	Film Club	Choir Club	Art/DT	Netball Club

Please tick the above box for the club you would like your child to attend.

My child can be photographed for the School website/facebook at this club. YES/NO

I agree for the staff to give consent on my behalf for an anaesthetic and/or blood transfusion to be administered or any other urgent medical treatment to be given should the need arise, if I cannot be contacted in the first instance.

Signed: ..... Parent/Guardian) Date: .....

Emergency Contact number on the day: .....

You may withdraw your consent at any time by informing the School Office in writing