

Orchard Vale Community School

After School Clubs

Winter 2019

Dear Parents/Carers and Children,

We have a selection of **after school clubs** to offer you starting on **Monday 21st January** and ending on **Friday 5th April** this term. All after school clubs will run until 4:15pm.

We hope your child will want to join a club or two. Clubs are available on a first come first served basis.

Here are some points to consider:

- Children need to attend every session of the club they have chosen for the whole term unless they are ill – we want to develop some staying power!
- Arrangements will need to be in place for your child to get home safely.

MONDAY – Running Club - Mr Ovey – KS2 – 20 Spaces (**Commences 28th Jan**)

TUESDAY – Art Club – Miss Felgate – Year 5/6 – 10 Spaces

TUESDAY – Football Club - Mr Ovey - KS2 – 24 Spaces

TUESDAY – SAT's Booster Club – Mrs Lowrey –Year 6 – 16 Spaces

WEDNESDAY – Sign Language Club – Miss Knight –KS2– 12 Spaces

WEDNESDAY – Dodgeball/Bench ball Club – Mr Ovey – KS2– 20 Spaces

FRIDAY – Hockey Club – Mr Ovey – KS2 – 16 Spaces

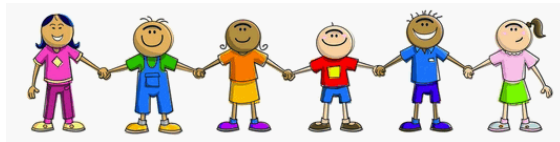
Mr Quilter will be sending out his club letter separately

Registration for Clubs

- ❖ Please use **one** slip per club. This is to be **handed to the person running the club NOT** the class teacher or the school office.
- ❖ If you need more slips, please ask your child's teacher or at the school office for spares.
- ❖ If your club needs to be cancelled for any unforeseen circumstances, you will be contacted by phone prior to the end of the school day.
- ❖ If you are in any doubt if a club is on then please ask the person leading the club in the morning or call the school office on 01271 375074 for confirmation.

Our thanks to all those adults who have given so generously their goodwill and time so that these clubs can run for our pupils!

Mrs Fiona Pearce - Head Teacher



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School Clubs at Orchard Vale Community School

REGISTRATION FORM

Please return to the adult running the club

Childs Name _____ Class _____

Choice of Club _____

Contact Number (in Case of emergency) _____

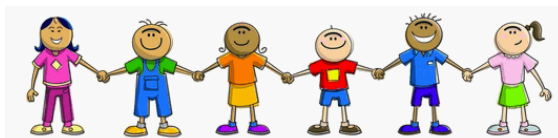
Medical Needs _____

Child will be collected by _____

or my child has permission to walk home (Please tick) ☐

Parent/Carers Signature _____ Print _____

Date _____



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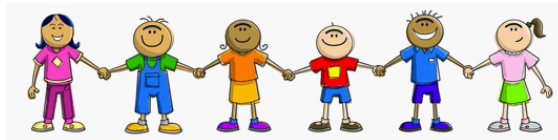
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