Dear Parents/Carers,

I am delighted to inform you that we will be offering a Gymnastics After School Club at [SCHOOL NAME] from January 2023.

The club is open to all pupils in Year 2 - 6 and will start the second week back after Christmas break. The club will be run by Professional Instructors and can be booked for the term. The classes will be delivered by leading provider SYL Sports & Wellness Limited.

**Please Note:** All payments must be received by Friday 16th December 2022 to secure places.

| **Day** | **Years** | **Time** | **First Session** | **Last Session** | **Total Time** |
| --- | --- | --- | --- | --- | --- |
| Monday | 2-6 | 3.15pm - 4.15pm | Tues 10th Jan 2023 | Tues 28th Mar 2023 | 11 Weeks |

**The children will receive:**

* 11 Weeks of Coaching (Drills, Games and Exercises)
* Routines & In-house Competitions
* Professional Instructors Every Session

Only a limited amount of spaces (25 Students Per Club) on a first come first serve basis. These are already a huge success with neighbouring schools in the area.

If you would like your child to attend please pay by BACS or parents portal via school admin.

Once you have completed the payment, please return or email the booking form to School Reception.

* Step 1 - Complete the booking form.
* Step 2 - Return the completed booking form to the school office or send via email to [SCHOOL EMAIL]

If you require any further information please contact the school office.

**Children’s Details**

| **Child’s Full Name:**  |  |
| --- | --- |
| **Gender:** |  |
| **Age:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Email:** |  |
| **Parents Phone (Home):** |  |
| **Parents Phone (Emergency):** |  |
| **Does your child have any medical conditions, allergies or disabilities?** |  |
| **If Yes, please specify:** |  |

If your child requires any medical devices (e.g. Asthma pump) please provide an extra one for these sessions as any devices kept with the school are not accessible.

By signing below you are consenting to any emergency treatment that may be necessary for your child. Every effort will be made to contact you first, when possible.

**Confirmation & payment**

If you would like your child to attend the [ACTIVITY] After School Club, please tick as appropriate:

| **Season** | **Term** | **W/C** | **W/E** | **Length** | **Attending?** | **No. of Children** |
| --- | --- | --- | --- | --- | --- | --- |
| Spring | Three | 9th Jan | 10th Feb | 5 Weeks | 𝤿 |  |
| Spring | Four | 20th Feb | 31st Mar | 6 Weeks | 𝤿 |  |

**School Bank Account Details:**

[BANK ACCOUNT NAME]

[SORT CODE]

[ACCOUNT NUMBER]

[BANK]

I confirm I have made payment of **£6.00** x **No. of Weeks** x **No. of Children**.

| **Signature (Parent/Guardian):** |  |
| --- | --- |
| **Date:** |  |