



9<sup>th</sup> Jan 2018

Dear Parents/ Carers,

As you may be aware, we are running a holiday club during February half-term week and we are now taking bookings.

Holiday Club is available from 8am to 6pm daily from **Monday 19<sup>th</sup> February to Friday 23<sup>rd</sup> February 2018**. The holiday club is split into morning (from 8am-1pm) and afternoon (from 1pm-6pm) sessions which may be booked independently -so you don't have to book a full day if you only need a half-day session.

Holiday Club costs £22 per full day; this includes a healthy breakfast and an afternoon snack and drinks; or £11 per half day- this includes a healthy breakfast OR afternoon snack and drinks.

Please note that packed lunches need to be provided for children attending full-day sessions.

If you would like to book a place at holiday club, please complete the registration form which is on the reverse of this letter and return it as soon as possible to either Breakfast/ After School Club or to the School Office. Invoices will be issued and all payments can be made through either Childcare Vouchers, cash or cheques (payable to DMBC) by **Friday 9<sup>th</sup> February**. Voucher payments need to be cleared by Tuesday 13<sup>th</sup> February.

Please note that places are limited and will be allocated on a first-come, first-served basis. All holiday club places must be paid for in advance.

Many thanks,

Mrs Griffiths  
*Deputy Head*



**HOLIDAY CLUB- February half-term 2018**  
Pupil Registration Form

Surname:	First Name:	Date of Birth: Age:
Address:		Home Phone Number:
Post Code:		
Email Address:		Mobile Number:
Collection Arrangements:		
Medical details:		
PASSWORD RELEASE		

Childcare Voucher Scheme (if applicable please specify scheme name)
Scheme Provider:

**FEBRUARY HALF TERM HOLIDAY CLUB 2018**

8:00am to 1:00pm				
Monday 19 <sup>th</sup>	Tuesday 20 <sup>th</sup>	Wednesday 21 <sup>st</sup>	Thursday 22 <sup>nd</sup>	Friday 23 <sup>rd</sup>
1:00pm to 6:00pm				
Monday 19 <sup>th</sup>	Tuesday 20 <sup>th</sup>	Wednesday 21 <sup>st</sup>	Thursday 22 <sup>nd</sup>	Friday 23 <sup>rd</sup>

I understand that the school will use the emergency contact and medical details as provided by me which are recorded on the School Management Information System.

Parents Name:.....

Signature:.....

Date:.....

**Office use only**

Attendance current month  Register  Payments  Invoice  Contract  Medical details