

Yaxham Church of England (VA) Primary School

Clint Green, Yaxham, Dereham, Norfolk, NR19 1RU

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Headteacher: Mrs Jennie Müller Chair of Governors: Mrs Michelle Parnell

13th December 2019

Dear Parents and Carers,

We will be again asking Norwich Community Sports Foundation to host our KS1 Sports Club. This term they will be doing Quidditch on a Tuesday after school, 3.15-4.15pm. The club will run from Tuesday 7<sup>th</sup> January 2020 to Tuesday 31<sup>st</sup> March. There will be spaces for 14 children. As our aim is to give all children the opportunity to take part in sporting activities, priority will be given to those who haven't taken part in after school clubs previously.

All children are reminded that attending an after school club is a privilege. They will be expected to follow rules set out by the staff leading the club. If the child does not respond to reminders, you will be issued with a warning notice. If their behaviour doesn't improve during the following session they will lose their place in the club.

If you would like you child to take part in this club, please complete the attached form and return the form to the office as soon as possible.

Yours sincerely

Mrs Jennie Müller

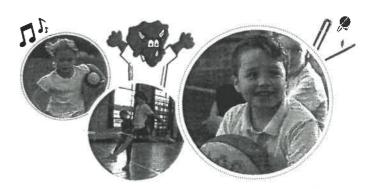
Headteacher



## **AFTER SCHOOL CLUBS**

We are pleased to invite your child to attend a Norwich City CSF After School Club.

Norwich City CSF and your school have teamed up to deliver an After School Club. The high quality coaching programme willbe engaging and fun and will be delivered by our specially selected UKCC qualified coaching staff in the safe environment of your school.



CLUB: KSI Quidditch

VENUE: Yakham Primay School

DAY/TIME: Tuesday 3:15pn-4:15pm

DATES: 7th January 2020 - 31st March 2020

COST: \_

APPLICATION FORM	CLU	CLUB:	
PLEASE COMPLETE IN BLOCK CAPITALS			
School:		Start date:	
CHILD'S DETAILS			
Date of birth:	Gender: Male  Female		
If YES, please give brief details:	ng or physical disabilities which should be brought to	our attention? YES / NO	
	(if necessal	y please continue on a separate sheet and attach)	
AUTHORISATION DETAILS			
Title:Address:		Surname:	
Home tel (inc STD):	Work tel:	Post code:	
Title:	First name:	Surnamo	
Home tel (inc STD):	Work tel:	Post code:	
E-mail address*			
Polymer	THE RESERVE OF THE PARTY OF THE	n in the declaration below, and tick the appropriate box.	
any medical condition which may affect my child's pa	n/daughter to be accepted on the above course, and I agree rticipation on the course has been fully disclosed above.	e to the terms and conditions above and confirm that	
publications and publicity, administer first aid if necess  Data protection: CSF would like to keep you undeter	ission for CSF / Premier League to take and use photograph lary, and to transfer my child to hospital should an emergency	is of my child for future CSF / Premier League / arise.	
of any other offers from carefully selected third parties services. If you do not wish to feceive such information	a by the interiors you have selected above about courses, pset that may be of interest to you. We may keep your information from us please tick here.   If you wish to receive information.	on for a reasonable period to contact you about our ation by email, please tick here:	
- Signature:	Name:	Daté:	