

Yaxham Church of England (VA) Primary School Clint Green, Yaxham, Dereham, Norfolk, NR19 1RU Tel. 01362 692033

> e-mail: office@yaxham.norfolk.sch.uk www.yaxhamprimaryschool.co.uk

Headteacher: Mrs Jennie Müller Chair of Governors: Mrs Claire Sullivan

11th September 2019

Dear Parents and carers,

We are pleased to be able to announce our sports clubs with Community Sports Foundation this term. By popular demand we will be having Football for KS1 this term.

Sessions will be held on Tuesday from 3.15-4.15pm and will run from Tuesday 17<sup>th</sup> September until Tuesday 10<sup>th</sup> December 2019. There will be spaces for 14 children. As our aim is to give all children the opportunity to take part in sporting activity, priority will be given to those who haven't taken part in an after school clubs previously.

All children are reminded that attending an after school club is a privilege. They will be expected to follow the 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 does not improve during the following session they will lose their place in the club.

If you would like your child to take part in this club, please complete the attached form and return the form to the school office no later than Monday  $16^{th}$  September.

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.



VENUE: Yaxhan Princy School

CHIR GSI Football

DAY/TIME: Tuesdays 3.15pm 4.15pm Please collect a form from the office ⊕ communitysportsfoundation.org.uk 📞 01603 761122 🛐 communitysportsfoundation 💆 @NorwichCityCSF Start date: .... Mobile tel: ....

APPLICATION FORM CLUB: PLEASE COMPLETE IN BLOCK CAPITALS School: **CHILD'S DETAILS** First name:.... Middle name: ..... Date of birth: Gender: Male ☐ Female ☐ Which school does the child attend?.... Does the child suffer from any illness or learning or physical disabilities which should be brought to our attention? YES If YES, please give brief details: (if necessary please continue on a separate sheet and attach) Special dietary requirements (if any): ..... PARENT'S/GUARDIAN'S DETAILS Title: ...... First name: ..... Home tel (inc STD): Work tel: E-mail address\*.... \*Please see the Data Protection information in the declaration below, and tick the appropriate box. **AUTHORISATION DETAILS** Authorised to collect my child (other than myself): Name: ....