

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 Michelle Parnell

13th December 2019

Dear Parents and Carers.

We will be again asking Norwich Community Sports Foundation to host our KS2 Sports Club. This term they will be doing Quidditch on a Friday after school, 3.15-4.15pm. The club will run from Friday 10<sup>th</sup> January 2020 to Friday 27th March. There will be spaces for 18 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

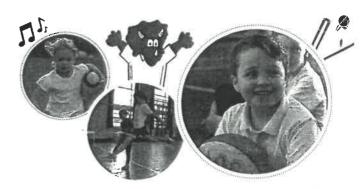
Headteacher



## **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: Kesz audditah

VENUE Yaxnan Primay School

DAY/TIME: Friday 3.15-4.15pm

DATES: 10th January 2020 - 27th March 2020

APPLICATION FORM	C	LUB:
PLEASE COMPLETE IN BLOCK CAPITALS		
School:		Start date:
CHILD'S DETAILS		
First name:		Surname:
Date of birth: Which school does the child attend?		
If YES, please give brief details:	arning or physical disabilities which should be brough	t to our attention? YES / NO
	(if neces	sary please continue on a separate sheet and attach)
Special dietary requirements (if any):		
AUTHORISATION DETAILS		
Title:	First name:	Surname:
Address:		
***************************************		Post code:
	Work tel:	
E-mail address*		
Title:	First name:	Sumame:
Address:		
		. Post code:
	Work tel:	. Mobile tel:
E-mail address*		
	*Please see the Data Protection informa	ation in the declaration below, and tick the appropriate box.
Declaration by parent or guardian: I wish for my any medical condition which may affect my child.  Health and safety/child protection: I clearly child.	y son/daughter to be accepted on the above course, and I ag is participation on the course has been fully disclosed above.	gree to the terms and conditions above and confirm that
	o partequate from the bodise has been buly disclosed above, bermission for CSF / Premier League to take and use photogra- cessary, and to transfer my child to hospital should an emerge	
of any other offers from carefully selected third pa	ated by the methods you have selected above about courses	s, programmes and events we are running, and details
services. If you do not wish to feceive such inform	writes that may be of interest to you. We may keep your information from us please tick here.   If you wish to receive info	ration for a reasonable period to contact you about our