



# Margaret McMillan Primary School

Inspiration • Aspiration • Determination

Scotchman Road, Heaton, Bradford BD9 5DF Tel: 01274 495934 Fax: 01274 545582  
office@mmps.bradford.sch.uk Head Teacher : Mrs Lorraine Martin

## Holiday Club

29<sup>th</sup> January 2019

Dear Parent/Carer

We have secured funding through the Bradford 'Opportunity Area Fund' to run our 3 day Holiday Club over February half term. Your child has been selected as eligible for this. To secure your place a deposit of **£5** will be required. **This money will be returned to you in full at the end of the week if your children attend.**

The Holiday Club will be led by Mr Riley and Mr Bujra on the following days:

**Tuesday 19<sup>th</sup> February**

**Wednesday 20<sup>th</sup> February**

**Thursday 21<sup>st</sup> February**

The children are expected to attend all 3 days.

There will be a variety of activities, crafts and sports.

Lunch will be provided by the school. The day will start at 10am and finish at 2pm, and children will need to be collected from school.

There are 30 places and these will be given on 'first come, first served' basis, so please return your form as soon as possible. If your child has brothers or sisters at Margaret McMillan Primary School and you would like them to attend, please write their names on the form.

The closing date is Monday 11<sup>th</sup> February.

If you have any questions, please contact the school.

Yours sincerely

Mrs Martin  
Headteacher



**Holiday Club February 2019**

Name of child ..... Class .....

Name of brothers/sisters that would also like to attend the holiday club:

..... Class .....

..... Class .....

..... Class .....

..... Class .....

Parents Name(s) ..... Mum

..... Dad

Address .....

.....

**Please provide a number that you would like to receive a text message on;**

Contact Number .....

**Please provide 2 alternative telephone numbers in case of an emergency;**

1. Telephone Number .....

Relationship to child .....

2. Telephone Number .....

Relationship to child .....

I understand my child/my children must attend all 3 days of each week. Enclosed is my £5 deposit.

Signed ..... (Parent/Carer)

Name ..... (Please print name)

***There will be a separate medical form sent out on return of this form.***