

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

2/7/20

Summer Holiday Club

Dear Parent/Carer

We have secured funding to offer a FREE summer holiday Club for 3 weeks in the Summer. It is being run by our own teaching staff.

You can sign your children up to either 1,2 or 3 weeks.

Week 1 – Monday 20th July, Tuesday 21st July, Wednesday 22nd July

Week 2 – Monday 27th July, Tuesday 28th July Wednesday 29th July

Week 3 – Monday 3rd August, Tuesday 4th August, Wednesday 5th August

For each week they attend, children will receive an activity pack to take home and keep, containing resources and fun things to keep them occupied over the holidays.

The children are expected to attend all 3 days if they sign up to attend in a week.

The risk management strategies and approaches that we currently are running in school will apply during the holiday clubs to ensure that we keep staff and children as safe as possible.

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 is currently not in school – you are still able to apply by either completing the form on Weduc, printing and returning this letter or by telephoning school.

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 Thursday 9th July.

If you have any questions, please contact the school.

Yours sincerely

Mrs Martin Headteacher









Please return by Thursday 9th July

Name of children that would like to at	tend the holida	y club:		
			Class	
Please tick the weeks your child would Week 1 – Monday 20 th July, Tueso	day 21 st July, W	ednesday 22 ⁿ	•	
Week 2 – Monday 27 th July, Tueso	lay 28" July We	ednesday 29 th	July	
Week 3 – Monday 3 rd August, Tue	sday 4 th Augus	t, Wednesday	5 th Au	gust
Parents Name(s)			Mum	
			Dad	
Please provide a number that you would like to receive a text message on;				
Contact Number				
Please provide 2 alternative telephon	e numbers in o	ase of an em	ergency	y ;
5 1 1 . 1 . 1 . 1				
= 1				
I understand my child/my children mu	st attend all 3 o	days of each v	veek.	
Signed	(1	Parent/Carer)		
Name	(F	Please print n	ame)	

A separate medical form will be sent out following return of this form.