



CHAPMANSLADE CE VA PRIMARY SCHOOL

Learning together in a Christian community,
nurturing and developing lively minds in a caring
environment.



14th December 2018

Clubs Term 3, 2018/19

Day / Time	Club	Years	Teacher	Tick
Monday Lunchtime 7/1 – 11/2/19	Book Group	3,4 5,6	Mrs Chapman All interested pupils welcome but a commitment to attend regularly is expected	
Monday 3.15pm - 4.15pm 7/1 – 11/2/19	Sports Training for forthcoming fixtures	Invitation only	PH Sports Funded by Chapmanslade School	
Tuesday 3.15pm - 4.15pm 8/1 – 12/2/19	Indoor/Outdoor Multi Skills	1,2,3,4	PH Sports £21.00 for 6 sessions (limited to 20 places on a first come first served basis) Cheques payable to PH Sports Coaching Ltd in advance.	
Wednesday 3.15pm - 4.15pm 9/1 – 13/2/19	KS2 Street Dance	3,4,5,6	Lou Knight £21.00 for 6 sessions (limited to 20 places on a first come first served basis) Cheques payable to Mrs L Knight in advance.	
Wednesday 3.15pm - 4.15pm 9/1 – 13/2/19	Archaeology Club	3,4,5,6	Frances Russell £21.00 for 6 sessions (limited to 8 places on a first come first served basis) Cheques payable to Mrs F Russell in advance.	
Friday 7:55am - 8:55am 11/1 – 15/2/19	KS2 Tennis	3, 4, 5, 6	Jon Dilena £15.00 for 6 sessions (limited to 8 places on a first come first served basis) Cheques payable to J Dilena in advance	
Friday Lunchtime 11/1 – 15/2/19	Choir	1, 2, 3, 4, 5, 6	Ms Corbett All interested pupils welcome but a commitment to attend regularly is expected	
Friday 3.15pm-4.15pm 11/1 – 15/2/19	Golf	2, 3, 4, 5, 6	Dave Stockley – Golf Pro £24.00 for 6 sessions Cheques payable to D Stockley in advance	

Clubs are run in line with the Chapmanslade School Extra-Curricular Clubs Policy, which is available on the school website.

Please complete one form per child for clubs, which require payment, and return it to the school office (post box in lobby) **by Monday 7th January** with the correct payment. **Do not pay PH Sports via BACS until your child's place has been confirmed.**

Name of Pupil _____ Class _____

I request a place for my child in the clubs ticked above.

My child will be collected at the end of the club / will walk home.

My contact number during these times will be _____

My Child has the following medical condition and medication _____

Name (please print) _____ Date _____