



CHAPMANSLADE CE VA PRIMARY SCHOOL

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



12th October 2022

Clubs Term 2, 2022/23

Day / Time	Club	Years	Teacher	Tick
Monday 3.15pm-4.15pm 31/10 – 12/12/22	Football (All pupils should have full outdoor PE kit in school and bring shin pads)	1, 2, 3, 4, 5, 6	Mr Phillips £31.50 for 7 sessions (limited to 16 places on a first come first served basis) Cheques payable to Chapmanslade School in advance or via online bank payment to Chapmanslade CE VA Primary School Fund, sort code: 402119, A/C Number: 81637940. Please put child's name as reference.	
Wednesday 3.15pm-4.15pm 2/11 – 14/12/22	Multi-Sports	1, 2, 3, 4, 5, 6	IG Sports Payment directly to provider. £33.25 for 7 session. All bookings for the club are made through their website, please follow the link below to book: https://igsportscoaching.co.uk/chapmanslade-c-of-e-primary-school-clubs/	
Thursday 3.15pm-4.15pm 3/11 – 8/12/22 NB no club 15/12/22	Musical Theatre A mixture of singing, dancing and acting from songs and scenes from popular musicals, exploring our creativity and learning performance skills.	1, 2, 3, 4, 5, 6	Mrs Knight £24.00 for 6 sessions (limited to 20 places on a first come first served basis) Cheques payable to Mrs L Knight in advance or via online bank payment to: Mrs L Knight, sort code: 309340, A/C Number: 00241323. Please put child's name as reference.	

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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 31st October** with the correct payment.

Name of Pupil _____ Class _____

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

☐

Cheque enclosed

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Online bank payment made after confirmation of a place in the club

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 _____