

KS/CC

15th March 2019

Dear Parent/Guardian,

Easter Holiday Club at the Lower Prep Department

We are making plans for the Spring Holiday Club. The dates are as follows:

Monday 1st – Friday 5th April 2019

Monday 8th – Friday 12th April 2019

The cost for one week is £100.00 and/or is £25.00 per day.

Due to Ofsted regulations for our out of school care, we can only accept pupils from the term that they turn the age of three. Please also note that all dates booked must be paid for, as staffing is arranged according to the number of pupils attending.

The deadline for your booking is **Wednesday 24th May 2019**. Any bookings made after this date will not be accepted as any places that are still available will be offered to children who do not attend Beech House School.

Your child will need to bring with them a packed lunch, a healthy snack and a drinking bottle. Wellington boots, the red school rain coat and a change of clothes will also be needed.

The Holiday Club opens from 8.30am – 5.00pm. Please note that your child must arrive before 9.30am as we cannot guarantee that the Holiday Club will be still at school after that time.

Please complete the slip attached and to the school office by **Wednesday 24th May 2019**.

Yours sincerely,

K. Sartain
Principal

Easter Holiday Club at the Lower Prep Department

I wish my child _____ Year _____ to attend the Spring

Holiday Club as follows:

- | | |
|---|--------------------------|
| Monday 1 st – Friday 5 th April 2019 | <input type="checkbox"/> |
| Monday 8 th – Friday 12 th April 2019 | <input type="checkbox"/> |
| Monday 1 st April 2019 | <input type="checkbox"/> |
| Tuesday 2 nd April 2019 | <input type="checkbox"/> |
| Wednesday 3 rd April 2019 | <input type="checkbox"/> |
| Thursday 4 th April 2019 | <input type="checkbox"/> |
| Friday 5 th April 2019 | <input type="checkbox"/> |
| Monday 8 th April 2019 | <input type="checkbox"/> |
| Tuesday 9 th April 2019 | <input type="checkbox"/> |
| Wednesday 10 th April 2019 | <input type="checkbox"/> |
| Thursday 11 th April 2019 | <input type="checkbox"/> |
| Friday 12 th April 2019 | <input type="checkbox"/> |

I acknowledge that the days I have indicated are correct and I understand that I will be charged accordingly.

Signed: _____ Date: _____

Office Use Only

Method of payment:

- | | | |
|---------------|--------------------------|--|
| Cash | <input type="checkbox"/> | |
| Cheque | <input type="checkbox"/> | |
| Debit Card | <input type="checkbox"/> | |
| Credit Card | <input type="checkbox"/> | Please note: a charge of 3% will apply |
| Card No | _____ | |
| Start Date | _____ | |
| Expiry Date | _____ | |
| Issue No | _____ | |
| Security Code | _____ | |
| House No | _____ | |
| Postcode | _____ | |