

Beech House School



Senior and Upper Preparatory School,
184 Manchester Road,
Rochdale.
OL11 4JQ

Telephone: 01706 646309
Fax: 01706 860685
Email: info@beechhouseschool.co.uk

Lower Preparatory School,
Broadfield Stile, Drake Street,
Rochdale.
OL16 1UT

Telephone: 01706 645985

Ref: KS/CC

24th March 2020

Dear Parent/Guardian,

Easter Holiday Club at the Lower Prep Department

We are making plans for the next holiday club. The dates are as follows:

Monday 6th – Thursday 9th April 2020
Tuesday 14th – Friday 17th April 2020

The cost 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 1st April 2020**. 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 1st April 2020**.

Yours sincerely,

K Sartain
K. Sartain
Principal

Easter Holiday Club at the Lower Prep Department

I wish my child _____ Year _____ to attend the Easter

Holiday Club as follows:

Monday 6th – Thursday 9th April 2020

Tuesday 14th – Friday 17th April 2020

Monday 6th April 2020

Tuesday 7th April 2020

Wednesday 8th April 2020

Thursday 9th April 2020

Tuesday 14th April 2020

Wednesday 15th April 2020

Thursday 16th April 2020

Friday 17th April 2020

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

Cheque

Debit Card

Credit Card Please note: a charge of 3% will apply

Card No _____

Start Date _____

Expiry Date _____

Issue No _____

Security Code _____

House No _____

Postcode _____