



BROOKFIELD JUNIOR SCHOOL

Swallow Road, Larkfield, Aylesford, Kent. ME20 6PY
Tel: 01732 843 667 Email: office@brookfield-jun.kent.sch.uk
Web: www.brookfield-jun.kent.sch.uk

Head of School: Mr N South

Executive Headteacher: Mrs P Woods Cert. Ed. NPQH

17th October 2018

AFTER SCHOOL CLUBS - TERM 2

Dear Parent/Carer

We are currently in the process of reviewing our After School clubs, in what, when and how we run them, if you have any thoughts or ideas on any changes we could make, please use the comments section on the reply slip. Thank you in advance for any feedback.

For Term 2 we will be offering the same clubs that we offered in Term 1, we will still need you to complete the reply slip if you would like your child to attend any of them.

Nature, Just Dance, IT Programming, Recorder, Tennis

Clubs will run on Wednesdays after school on the following dates:

07/11, 14/11, 21/11, 28/11, 05/12

Please note: Spider Monkey Class will be swimming on the later session on Wednesdays this term, therefore will be unable to take part in an After-School Club.

Please select and tick three choices in the grid (one in each column) and return the form to school by **Monday 29th October**.

If your child is unable to attend their club, please contact the school office(01732 843667).

If you wish for your child to walk home without adult supervision please tick this option on the reply slip, otherwise we will expect you to collect your child from the school hall at **4.20pm**. If you are going to be late please call the school. If you are regularly late in collecting your child then, regrettably, we will not be able to offer your child a place for any club the following term.

We feel sure that the children will enjoy taking part in these extra-curricular activities and we thank you for your support.

Yours sincerely

Mr South
Head of School

The Flourish Federation
Brookfield Infant School and
Brookfield Junior School





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Child's Name: _____

Class: _____

I give permission for my child to attend the following after school activity:

Club	Staff	1 st Choice	2 nd Choice	3 rd Choice
Nature	Mrs Lowrey			
Just Dance	Miss Scott			
IT Programming	Mrs Paice			
Recorder	Mrs Hanes			
Tennis	Mrs Meachen			

Should the necessity arise, I agree to the person in charge of the group giving consent on my behalf for anaesthetic to be administered and any other urgent medical treatment to be given.

I give permission for my child to walk home **without** adult supervision this term after their club

Signed: _____ (Parent/Carer) Print Name: _____

Please note you will receive a text confirming which club your child/ren will be in.

Parent/Carer Comments:

*The Flourish Federation
Brookfield Infant School and
Brookfield Junior School*

