

SAINT LAURENCE CHURCH JUNIOR SCHOOL
OUTSIDE PROVIDER
GARDENING CLUB 2024-25 Half Terms 4



To allow as many children as possible to take part in our after-school activity programme we bring in instructors from various organisations. All of our outside providers are qualified and are DBS checked. While St Laurence staff are on site to help with any problems, the sessions are run by these instructors. There is usually a cost attached to the course, which must be paid in advance. Places are limited and are on a first come basis.

The **GARDENING CLUB** will take place on every other Thursday after school with Martyn Reeve, who is currently working with Y5 during the school day.

DATES: Thursdays: **HT 4:** 27th February, 13th February, 27th March, 10th April

WHERE: In the school allotment (children to get changed in class 3W)

TIME: 3.15 - 4.30pm

EQUIPMENT: Old, warm 'gardening' clothes and wellies for children to change into.

COST: £3.00 per session or £1.50 for Pupil Premium - £12.00 total (£6.00 for Pupil Premium)
Please pay via your child's IPay account. (This will go on IPay once your child has been selected)

If you would like your child to take part in this activity, please sign and return the consent form. Places are offered on a first come basis, and are **limited to 20**. Children not gaining a place will be given priority if future courses are run. Children must be collected at the end of the session.

Yours sincerely

Mrs Mulrain
Deputy Headteacher

Detach and return in an envelope marked with your child's name, class and marked GARDENING CLUB

ACTIVITY: GARDENING CLUB Half Term 4 2024-2025

Child's NAME _____ **CLASS** _____

I wish my child to take part in the stated event and understand that it will be organised by a qualified outside instructor.

I confirm that my child is medically fit to take part in the activity and will let the school know if the situation changes. I consent to any emergency medical treatment that may be needed.

I confirm that my child will be collected at the end of the session.

Signed _____ Parent or Guardian

Contact Name _____ Tel _____

