

6<sup>th</sup> January 2017

Dear Parent/Carer,

**Re: February Half Term 2017 Holiday Club Request**

We are now planning the February Holiday Club. All pupils will be given the opportunity to attend, however due to the popularity of the scheme we may have to limit the number of days available for each pupil in order to maintain a high quality provision in a safe and secure environment.

**Important information**

The Holiday Club runs from 8:30am - 3:30pm each day throughout the half term week from **Monday 13<sup>th</sup> February to Friday 17<sup>th</sup> February.**

The cost of the Holiday Club is **£5.00 per day** payable by return. Payment must be made before a place on the scheme can be guaranteed and a refund will be made for any days on which it is not possible to accommodate your child. Payment can be made online through the school website using Paypal or by cash or cheque made payable to 'New Bridge MAT' through the school office.

Please provide your child with a packed lunch that **does not require heating or cooking** on each day that they attend as lunch is not available through school. **As we have limited time and cooking facilities available to us in the holidays, we would request that your child brings in sandwiches or cold food. We are unable to prepare items such as pot noodles or to cook pizza or other meals and we would be grateful if you could send in a cold alternative for your child.** If your child follows a special diet that requires heated food, please let us know before the end of term. Please be aware that only pre-packaged meals can be heated in school as the regulations around reheating food mean that we are unable to heat up anything you have cooked at home.

**Medication**

Please be aware that there are no nursing staff available on site during the Holiday Club, and Holiday Club staff do not have access to any medication that your child already has in school. Therefore, it is essential that you follow the guidelines below if your child requires any form of medication to be administered over the holiday period:

- We can only accept medication in its original packaging
- We should be able to read the name and expiry date on the packaging
- We must have permission to administer each separate medication that your child is taking

Please complete the attached consent form and send the medication that your child will require **specifically for the Holiday Club** into school for the attention of Kelly Lockwood.

Please also advise on the attached form if your child has any allergies to essential oils which may be used in the foot spa and massage sessions.

### **Holiday Club Activities**

Please find attached a Holiday Club activity timetable. As all the activities are open to everyone we cannot guarantee that your child will get all their requested options. We would like your child to choose two activities in each session and we will ensure that they are given one of their choices.

Please indicate the date(s) that you would like your child to attend the Holiday Club and return both the request form and your activity preferences to Becky Soltyk **no later than Friday 13<sup>th</sup> January 2017** even if you are unable to enclose payment with your request.

**If we do not receive the form back in time we will be unable to allocate a place for your child, as considerable work is needed to plan and ensure we have the necessary staff in place for the Holiday Club.**

If you require any further information, please do not hesitate to contact me at school on 0161 883 2404.

Yours sincerely,

Karen Bingley  
Extended Schools Director

## Hollinwood Academy February Half Term 2017 Holiday Club Request

Name of child: \_\_\_\_\_

I would like to request a place for my child on the following day(s):

	Monday 13 <sup>th</sup> February	Tuesday 14 <sup>th</sup> February	Wednesday 15 <sup>th</sup> February	Thursday 16 <sup>th</sup> February	Friday 17 <sup>th</sup> February
Days requested:					

I have paid £..... online / I enclose £..... payment for the February Holiday Club.  
(please make cheques payable to '**New Bridge MAT**')

Signed: (Parent/Carer) \_\_\_\_\_ Date: \_\_\_\_\_

**Please return with payment and activity preferences  
to Becky Solyk no later than Friday 13<sup>th</sup> January 2017**

## Hollinwood Academy February Half Term 2017 Holiday Club Medication

Name of child: \_\_\_\_\_

My child has allergies to the following essential oils:

\_\_\_\_\_

I give my permission for Hollinwood Academy staff to administer the following medication:

Medication and Dose	Time	Date
		13/02/2017
		14/02/2017
		15/02/2017
		16/02/2017
		17/02/2017
		13/02/2017
		14/02/2017
		15/02/2017
		16/02/2017
		17/02/2017
		13/02/2017
		14/02/2017
		15/02/2017
		16/02/2017
		17/02/2017
		13/02/2017
		14/02/2017
		15/02/2017
		16/02/2017
		17/02/2017

Signed: (Parent/Carer) \_\_\_\_\_ Date: \_\_\_\_\_