



Beeston Primary School

Town Street, Leeds, LS11 8PN

“Engage, Enjoy, Enrich, Excel”



Dear Parent/Carer,

We are delighted to announce that we are once again able to offer after school activities for our children. The sessions will be from 3.15pm to 4.15pm.

If you would like your child to attend, please complete the consent slip below and return with the correct money in a sealed named envelope. Please ensure that all medical conditions and medication are included on the slip. The envelope must be clearly labelled with your child’s name, which club they would like to attend and the amount of money enclosed. Please note all payments are non-refundable and payment must be received before a place can be assigned. Places are limited and are allocated on a first come, first served basis - so to avoid disappointment please respond promptly. You will be notified by Friday 22nd April 2022, if your child has **not** secured a place. If there are no places left, your child will be added to the waiting list.

**Sessions will commence on Monday 25th April until Thursday 7st July 2022.
Please note, due to the bank holiday, school is closed on Monday 2nd May 2022.**

Monday £13.50 payment required	Tuesday £15.00 payment required	Thursday £15.00 payment required
Diamond Art Club Year 5 and 6	Craft Club Year 3 and 4	Lego Construction Club Year 3, 4, 5 and 6
Active Club Boys Football Year 5 and 6	Sewing Club KS2	KS2 Choir
Karate for Beginners KS2		Football Club Year 3 and 4

Football will take place outside (weather permitting). For all physical activities, your child should bring suitable sportswear/PE kit to change into and they will also need to bring a drink with them.

At the end of each session, please ensure a responsible adult is available to collect your child promptly from the Key Stage 1 playground at 4.15pm. If you have any questions about the clubs, please contact me via the School Office.

Thank you for your support.

Mrs S Knowles
Pastoral Leader

Child’s Name: _____ Class: _____

After School Club: _____ Day: _____

Emergency Contact Number: _____

Medical Conditions/ Medication: _____

I enclose £ _____ as payment (non-refundable). Signed: _____ Parent/Carer

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Part of the Leodis Schools Alliance