



Dear Parents,

St John's Primary School offers an Out of School Club facility SJ's.

SJ's has bases in the school bungalow at the infant site and in the former caretaker's house at the junior site. It is fully resourced to meet the needs of children from 3 – 11 years.

SJ's is staffed by a leader and assistants.

The cost of the facility is £3.00 per session per child.

Drinks and a snack are included.

AM session 7.45am – 8.45am

PM session 3.15pm – 4.30pm

Interested parents please contact Mrs Lindley in the school office.

Yours sincerely

Susie Arnold
Headteacher



APPLICATION TO JOIN SJ's
ST JOHN'S VA PRIMARY SCHOOL
OUT OF SCHOOL CLUB

Name of child _____

Age and date of birth _____

Name(s) and address of parent (s) _____

_____ Post Code _____

Telephone _____

Contact name and telephone number (s) in an emergency _____

Information about health and any medication _____

Name, address and telephone number of GP _____

Other special needs including allergies

I / We wish to apply for my child to join SJ's.

from _____ (Date)

If we find that we no longer need the place, we will inform the school as soon as possible.

Signature of parent and date _____



Bookings will be taken termly.

Autumn Term: September – December

Spring Term: January – March

Summer Term: April – July

Please circle the sessions you require.

Before school – doors open at 7.45 am

After school – last pick up at 4.30 pm

Day	Session	Session
Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM

The cost for each session (or part of a session) is £3.00 per child.

You will be invoiced half termly for the sessions booked, for immediate payment.

Please see Mrs Lindley in the School Office.

Please make cheques payable to St Johns Out of School Club.

Non-attendance for a booked session will be charged.

I consent for you to take photographs and videos of my child to be used on the premises and in publicity for SJ's Out of School Club.

Signature of parent and date _____



SJ's

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of the out of school club being unable to contact any of my emergency numbers, I give consent to the management to authorise any treatment my child may need in the event of a medical emergency.

Name of child _____

Age and date of birth _____

Signature of parent and date _____