



# Joy Lane Primary School

*A Love of Learning, for Life, for All*

MAJ/KD

Oyster Bay Nursery & Oysters SRP (ASD)

Executive Headteacher: Ms DJ Hines

Head of School: Mr M Ashley-Jones

Wednesday 4<sup>th</sup> May 2016

Dear Parents & Carers

## **Extended Learning Clubs – Monday 9<sup>th</sup> May – Friday 8<sup>th</sup> July 2016**

We are pleased to offer additional clubs to our programme of Extended Learning Clubs for Terms 5 and 6. These will commence from Monday 9<sup>th</sup> May.

If your child would like to commit to take part in a club you will need to complete and return the slip no later than Friday 6<sup>th</sup> May. Our staff are very kindly giving up their own time to provide the extra-curricular opportunities for your children and impeccable behaviour is expected at all times. All children who sign up for a club are expected to attend every session to comply with our safeguarding procedures. If a child is unable to attend, for any reason, you must inform the School office so the necessary amendment can be made to the club register.

Thank you for your continued support.

Yours sincerely

*M Ashley-Jones*

Mr M Ashley-Jones  
Head of School



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## **AFTER SCHOOL EXTENDED LEARNING CLUBS**

I would like my child ..... (child's name)

of ..... (child's class)

to take part in the following club(s).

**\*please indicate by a tick in the 'indicate choice' column)**

DAY	TITLE OF CLUB	YEAR GROUPS	STAFF MEMBER	LOCATION	INDICATE CHOICE✓
WEDS	MULTI SPORT	1 & 2	Mr Coggin & Mrs Clemo	School Field	

DAY	TITLE OF CLUB	YEAR GROUPS	STAFF MEMBER	LOCATION	INDICATE CHOICE✓
WEDS	CRICKET	4	Mr Rogers & Mr Harkins	School Field	

## **LUNCHTIME EXTENDED LEARNING CLUBS**

DAY	TITLE OF CLUB	YEAR GROUPS	STAFF MEMBER	LOCATION	INDICATE CHOICE✓
TUES	HOMEWORK	5 & 6	Mrs Dare	Rembrandt Class	

## **TERM 6**

**Tuesday 7<sup>th</sup> June – Friday 8<sup>th</sup> July 2016**

DAY	TITLE OF CLUB	YEAR GROUPS	STAFF MEMBER	LOCATION	INDICATE CHOICE✓
TUES	RUNNING & FITNESS	3, 4 & 5	Mr Ashley-Jones	School Field	

I give permission for the member of staff in charge of the club to consent to an anaesthetic or any other medical treatment to be given should the necessity arise.

My emergency contact number during the times of the club will be:

.....

Parent/Carer Signature:.....

Date:.....

Clubs/May2016/kld



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