



Spring Term 2019 Gymnastics Club at Garden Fields School

Name of club: **Gymnastics Club**
 Year Groups: **Years 2-6**
 Day: **Tuesday**
 Start Time/End Time: **5:30pm-6:45pm**
 Location: **GFS lower School hall**
 Contact Name/Email/Number: **Vicky Vettese (victoriavettese@hotmail.co.uk/07871627760)**
 Cost: **£78/£6.50 per session (11 weeks total)**
 Payment Details: **CASH/Cheque made payable to "Victoria Vettese" /BANK TRANSFER: Miss Victoria Vettese Account number: 20353025 sort code: 09-01-27 Please contact me to confirm that your place is secure before carrying out any payments.**

Overview of club dates (in **RED & BOLD**) SPRING TERM 2019

1 st half term	Mon	Tue	Wed	Thurs	Fri
Wk 1	INSET DAY	8th Jan	9 th Jan	10 th Jan	11 th Jan
Wk 2	14 th Jan	15th Jan	16 th Jan	17 th Jan	18 th Jan
Wk 3	21 st Jan	22nd Jan	23 rd Jan	24 th Jan	25 th Jan
Wk 4	28 th Jan	29th Jan	30 th Jan	31 st Jan	1 st Feb
Wk 5	4 th Feb	5th Feb	6 th Feb	7 th Feb	8 th Feb
Wk 6	11 th Feb	12th Feb	13 th Feb	14 th Feb	15 th Feb
HALF TERM					

2 nd half term	Mon	Tue	Weds	Thurs	Fri
Wk 7	25 th Feb	26th Feb	27 th Feb	28 th Feb	1 st March
Wk 8	4 th March	5th March	6 th March	7 th March	8 th March
Wk 9	11 th March	12th March	13 th March	14 th March	15 th March
Wk 10	18 th March	19th March	20 th March	21 st March	22 nd March
Wk 11	25 th March	26th March	27 th March	28 th March	29 th March
Wk 12	1 st April	2 nd April	3 rd April	4 th April	5 th April
END OF TERM					

Other information

These sessions are carried out by a qualified and experienced gymnastics coach, who will be teaching your child a wide range of gymnastics skills from basic to more advanced skills. If you wish to book onto these sessions please be aware that spaces are limited and will be on a first come first served basis. The course must be paid in full and no refunds. If you have any queries please do not hesitate to contact me. If you wish to book your child onto the course **please contact via email/telephone to secure your place. (victoriavettese@hotmail.co.uk/07871627760)**

Please complete the permission slip and return to the School Office with payment in an envelope marked with your child's name and club name. **Spaces will be allocated on a first come first served basis.**

Name of club: Gymnastics club (Tuesday evening)	
Child's name:	
Year group:	Class:
Name of parent/carer:	Email address of parent/carer:
Emergency contact number:	
Special Educational Needs:	
Medical conditions/allergies:	
Please contact me to discuss my child's medical needs and arrangements for their medicine. Please tick if required. <input type="checkbox"/>	
<ul style="list-style-type: none"> • I understand that it is my responsibility to ensure that my child remembers to attend the club and I will make every effort to inform the club leader if my child is unable to attend. Please tick <input type="checkbox"/> • I give permission for my child to make his/her own way home at the end of the club (YEAR 6 CHILDREN ONLY) Please tick <input type="checkbox"/> 	