**Summer Term Clubs 2019**

**Please return with your child’s preferences.**

Dear Parents

We only have two clubs running this term, if your child would like to join one of them please fill out their details and tick the box.

If they will be joining the Razzamataz club please also fill out the attached form and return it to the office or via email to highwycombe@razzamataz.co.uk with cash or cheque in a sealed envelope addressed to ‘Razzamataz After School Club’ and your child’s name and class on the front. If paying by cash please use the correct amount as no change can be given. Please make all cheques payable to ‘K Melling Theatre School Ltd.’ and write the name of your child on the back of the cheque. You can also make payments directly to them via BACS.

Name:……………………………………………………………………………… Year………………

My child would like to attend the following club

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Activity** | **Taken By** | **Time/details** | **Years** | **Please Tick box** |
| **Monday** | **No Club** |  |  |  |  |
| **Tuesday** | **No Club** |  |  |  |  |
|  |  |  |  |  |  |
| **Wednesday** | **Bible Club**  | **Rev & Mrs Owen** | **3.15 – 4.15****Free - starting Wed 18th September until half term only.** | **Y1-Y6** |  |
| **Thursday** | **Razzamataz - musical theatre workshop** | **Miss Melling** | **3:15 – 4:15** **Please fill in separate form** | **Y1-Y6** |  |
| **Friday** | **No Club** |  |  |  |  |

**Please hand club forms to the class teacher or send it back in your child’s book bag.**

Parent/guardian signature ……………………………………………………………………..Date…………………………….

**Pay by cheque if possible. We will not accept money which is loose and not in a named envelope.**

**We are not able to give change.**