



# Whitstable Junior School

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1<sup>st</sup> October 2018

Dear Parent/Carer

## Change for Life Club – Terms 1 & 2

We would like to confirm that ..... has a place in the above club. The first session will take place after half term on Monday 8<sup>th</sup> October and run until Monday 3<sup>rd</sup> December 2018, it will start at 3.15pm and will finish at 4.15pm.

Please complete the consent form below and return it to the school office. As we provide a healthy snack and/ or drink, it is vital that we are aware of any food intolerances or allergies, please give details in the space provided.

In order to take part safely in our activities, your child will need to wear plimsolls or trainer but PE kits are not needed.

We look forward to seeing them.

Regards

Mrs L Webb & Miss S Wells  
Change for Life Club Leaders

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## Change for Life Club – Terms 1 & 2

I give permission for my child..... to attend the above club.

I confirm I will collect my child at 4.15pm.

I understand that a healthy snack and/or drink are provided at the club.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present (please contact the school if you require further information or explanation).

Please detail any food allergies your child has

Signed:..... Date: .....

