





Dear Parent/Carer,

Thank you for your interest in our 'Before School Club'. The club takes place in the school hall and is organised by Mrs Janet Bowers, aided by play assistants who all work within the school. Our Before School Club accommodates those parents that need to get off to work early or for children who would simply like to start the day playing with friends. The emphasis is on play and leisure and the children have the opportunity to enhance their learning through a wide variety of activities which promote physical development.

The club starts at 8.00am every day until 8.45am when the children go to class, ready for the beginning of school. You may drop your child/children off at any time between 8.00am & 8.45am. Please park safely in the village and walk your child onto the school site, using the black door near the school hall to enter the building.

Younger siblings of Before School Club children who attend the Pre-school can also book a place at Before School Club if they are aged 3 years and above, and toilet trained. At 8.55am they will be taken to the Pre-school classroom by a member of staff.

The session charges are £3 from 7:30 - 8:00 (including breakfast) and £4 from 8:00 - 8:45 per child and should be paid each half term. An invoice will be given to you each half term by a member of the Before School Club staff.

If you would like your child to attend please complete the reply slip below indicating which days you require and return it to the school office as soon as possible. If you would like to bring your child to look around our club then please contact Mrs Bowers by email (JBowers@sharnbrookprimary.beds.sch.uk). If you have any queries please do not hesitate to contact me further.

Yours sincerely

Mrs Hannah Bennett Head Teacher

I would like to reserve a place at 'Before School Club' on the following days commencing on:

Date		 	 	
Child'	s name	 	 	
Child'	s date of birth	 	 	
Ciana	ture of percent		Data	

	7:30 - 8:00	8:00 - 8:45
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Signature of parent......Date.....

Could you also please advise us of any medical information/condition that affects your child: