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**PRIORITY FORM FOR SUMMER TERM 2025**

**To secure your child’s place, forms and fees should be back in by Friday 4th April**

|  |  |  |
| --- | --- | --- |
| **CHILD’S NAME:** | | **CLASS:** |
| **NAME PARENT 1:** | | **(H)**  **(W)**  **(M)**  **EMAIL ADDRESS:** |
| **NAME PARENT 2:** | | **(H)**  **(W)**  **(M)**  **EMAIL ADDRESS:** |
| **DOCTOR/GP SURGERY:** | | **TELEPHONE:** |
| **DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING?** | * **ASTHMA** * **DIABETES** * **EPILEPSY** * **OTHER (PLEASE SPECIFY BELOW)**   **OTHER:** | |
| **DOES YOUR CHILD HAVE ANY ALLERGIES THAT WE SHOULD BE AWARE OF?** | **YES / NO**  **PLEASE SPECIFY:** | |

**I WOULD LIKE TO ENROL MY CHILD ONTO THE FOLLOWING SCHEME AT COLNEY HEATH (PLEASE TICK): -**

* FOOTBALL (Years, 1 - 2) – Friday 3.15PM-4.15PM
* FOOTBALL (Years 3, 4, 5, and 6) – Friday 3:15 – 4:15PM

**THESE CLUBS HAVE A MAXIMUM CAPACITY OF 20 CHILDREN PER CLUB**

**PAYMENT DETAILS:**

* I ENCLOSE CASH / CHEQUE (PLEASE MAKE CHEQUES PAYABLE TO TEAM HORIZON) – IF PAYING BY CHEQUE PLEASE CLEARLY WRITE YOUR CHILD’S NAME ON THE REVERSE SIDE OF THE CHEQUE.
* I HAVE PAID BY BANK TRANSFER, ACCOUNT DETAILS:

**SORT CODE 20-05-73, ACCOUNT NUMBER 33784037.** PLEASE LEAVE YOUR CHILDS NAME AS REFERENCE.

* FOOTBALL CLUBS FOR YEARS 3/4/5/6 – PLEASE PAY COLNEY HEATH SCHOOL VIA SCHOOL GATEWAY OR CASH TO THE OFFICE.

**\*\* PLEASE NOTE \*\***

WE SOMETIMES HAVE STUDENTS VOLUNTEER FOR WORK EXPERIENCE OR WORKING TOWARDS THEIR DUKE OF EDINBURGH AWARD. ANY QUESTIONS REGARDING THIS PLEASE FEEL FREE TO DISCUSS WITH ME.

PARENT/CARER SIGNATURE: ………………………………………………………………………. DATE: ……………………………………………

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Dear Parent/Carer

The following after school clubs will commence at Colney Heath Primary School in the Summer Term 2025. If your child is interested in joining one of these clubs, please complete the form attached and return, with payment, to the school Office or via email – simon.teamhorizon@gmail.com

**THESE CLUBS HAVE A MAXIMUM CAPACITY OF 20 CHILDREN PER CLUB**

If you have any questions or queries, please don’t hesitate to get in contact with me on: 07789 778 264 –

email: [simon.teamhorizon@gmail.com](mailto:simon.teamhorizon@gmail.com)

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Breakfast | Lunchtime | After school |
|  |  |  |
| **Friday** |  | **Fees should be paid direct to Team Horizon** | **FOOTBALL**  **(Years, 1 - 2)**  **£44.00, £4.00 PER SESSION. 11 SESSIONS IN TOTAL** |
| **Friday** |  | **Fees should be paid direct to the school** | **FOOTBALL**  **Years 3, 4, 5 and 6**  **£44.00, £4.00 PER SESSION. 11 SESSIONS IN TOTAL (Years 3 and 4 will be separate from years 5 and 6.)** |

**11 sessions for next term are as follows:**

**Apr 25th – July 11th**

Safety is our number one aim; therefore, numbers are restricted. **Classes will take place on the**

**condition there are 10 or more children subscribed to each club**, please assume your child has a place, we will only contact you if the class is full or has been cancelled.

Should you have any queries, please contact **SIMON PRICE on 07789 778264**.

Yours sincerely

Simon Price – Team Horizon