*** INFANTS ***

***CHRISTMAS DISCO***

***(Classes: Reception, Year 1 and Year 2)***

**FRIDAY 13th DECEMBER 2013**

**3.30pm – 4:30pm**

**STRAIGHT AFTER SCHOOL IN THE SCHOOL HALL**

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 **£2 PER CHILD**

**Christmas treat for all kids**

**PLEASE COMPLETE THE BOOKING FORM BEFORE**

**9TH DECEMBER 2013**

 **If you are able to help us out in any way, please call**

**Linsey Davies on 07789 795 140**

**☺ All help gratefully received ☺**

***INFANTS CHRISTMAS DISCO***

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FRIDAY 13th DECEMBER 2013

3.30pm – 4:30pm

**STRAIGHT AFTER SCHOOL IN THE SCHOOL HALL**

**£2.00 per child**

**🟋ALL Children MUST be collected by a parent/carer🟋**

**PLEASE LET US KNOW IF YOUR CHILD HAS ANY ALLERGIES OR OTHER REQUIREMENTS**

**AS SOON AS POSSIBLE**

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 \*Please note that the attached form is a Council requirement but only states the policy that has always existed \*

(After school Christmas Disco – 13th December 2013 3.30pm to 4.30pm)

I wish ...................................................................................................... Year...................... Class.....................

to attend the above event straight after school. I understand the Council is insured in respect of its legal liabilities only and there is no Personal Accident cover. In effect this means that accidents can arise for which the Council is not responsible and consequently not insured. (Parents/Guardians may wish to obtain suitable insurance to cover such eventualities). I understand that the teacher in charge will be acting in loco parentis, and may give permission for my child to receive treatment which might include the use of anaesthetics.

Parent/Guardian Signature: .......................................................................................Date: ...............

Name of Parent/Guardian: .................................................................................................................

**Name and telephone number of Parent/Guardian who will be collecting your child from school:**

**Name:**.............................................................................. Number: ....................................................

**I CAN/CAN’T OFFER TO HELP AT THIS EVENT – (please cross out your preferred option)**

**Please complete this form and return in an envelope marked Infant Disco together with £2.00 enclosed, to the PA Box in the school reception area.**

**before the 9th December 2013**

**Many thanks.**