

Eglsh Youth Club Notice

Dear Parent/Guardian

The Youth Club will commence on Monday **23 October** and will operate on the following basis. (**Thursday night** will commence **2 November** as the Parish Hall is in use Thursday 26 October for Roan PS Halloween disco.)

Monday Night: P7 & 1st year boys 6.30pm - 8pm

Tuesday Night: P5 & P6 boys 6.30pm - 8pm

Wednesday Night: P5, P6, P7 & 1st year girls 6.30pm - 8pm

Thursday Night: P3 & P4 boys 6pm-7pm

Thursday Night: P3 & P4 girls 7.15pm -8.15 pm

Registration costs are £10 for one member, £25 per family (3 plus)

A nightly fee of **£2 per child/young person** per night is also payable and should be paid when signing in. **£1.50 per child** for Children attending 1 hour sessions on Thursday.

We would request that parents/carers do not leave their children at the club before the starting time of their particular night. We would also ask parents/carers to collect their children at the front hall door promptly at finishing time.

The youth club does not accept responsibility for the safety of children and young people outside these hours.

Please complete the attached form and return to the club on registration night. No child will be permitted until a form has been completed. All medical information (if any) will be treated in confidence.

Finally I would also ask each parent and member to read carefully the rules of the youth club which will be made available on the registration night. The leaders and committee of Eglsh Youth Club are dedicated to creating a caring, enjoyable and positive experience for all involved. As a parent/carer we value your role in developing an understanding of expected behaviour and attitudes for your child/young person.

Yours sincerely,

Suzanne Donnelly (Chairperson)

Eglish Youth Club - Registration form

*****Details to be completed for each child. No child will be permitted until form is completed*****

Name of Child/Young person: D.O.B Class/Year Allergy

(detail below)

_____ Y / N

_____ Y / N

_____ Y / N

(name) _____ ***does/does not** suffer any medical condition that would hinder them from taking part in all youth club activities.

Name of medical condition _____

Does your child/ren suffer from any **allergies**? If so please give details

*****If you have any concerns regarding the previous questions you can always speak privately to Leona or any of the leaders.*****

Name of parent/carer: _____

Mobile Number: _____ Landline: _____

Date _____

Next of Kin contact details (should we be unable to contact you in emergency)

Name _____

Relation to Child/Young person _____

Mobile Number _____ Landline _____

*Delete as appropriate.

The first named parent /carer will be included in a 'whatsapp group' for the night your child/ren attend. This will be for information purposes only & only Admins will be able to send messages If you do NOT wish to be included please tick here

This form should be completed at home, if possible and returned to the youth club leader. All information will be treated confidentially.