



CANFORD HEATH INFANT and JUNIOR SCHOOLS

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TEACH Trust Poole

Trust Excellence Aspiration Collaboration Honesty

Article 29: Your education should help you use and develop your talents and abilities

10th September 2021

Dear Parents/Carers,

WHOLE SCHOOL GYMNASTICS CLUB

This year, we are delighted to offer an exciting gymnastics club. The club will take place on Wednesday afternoons from 3:00 – 4:00pm in the school hall. The children will be given the opportunity to increase their confidence and learn new gymnastics skills at their own pace, in a positive and safe environment.

We will be using Premier Sports coaches to lead the club, which is particularly exciting as they are the only nationwide delivery partner of British Gymnastics. All coaches have DBS certification and hold children protection and paediatric first aid certification too.

The club will start on Wednesday 22nd September at a cost of £3 per session.

The club will run this half term from 22nd September – 20th October (5 weeks) - £15

A letter including payment information will be sent home once your child's place has been confirmed.

Children will need to wear their PE kits, and you will be required to collect your child from the school office at 4pm.

We are expecting this club to be popular and have limited places available, therefore please return the slip below to the office as soon as possible. Places will be given on a first come first served basis and a confirmation letter will be sent home with your child if they have secured a place. If there is a high demand for this club, we will allocate children to half termly blocks across the year.

Yours faithfully

Julie Taylor

Year 2 Leader/PE Lead and Clubs Lead



AFTER SCHOOL GYMNASTICS CLUB

Please complete and return this reply slip to the school office by Wednesday 15th September.

Child's Name: Class:

I give permission for my child to attend gymnastics club

I will pay online via the School Gateway **once confirmation of my child's place has been received.**

Any Medical Conditions:

Emergency Contact Number:.....

Signed: Date:
Parent/Carer

