Mrs Sarah Moss Headteacher

Tel: 01304 611360 Fax: 01304 621145

Email: headteacher@eastry.kent.sch.uk

www.eastry.kent.sch.uk



EASTRY CHURCH OF ENGLAND
PRIMARY SCHOOL
COOKS LEA
EASTRY
SANDWICH
KENT
CT13 0LR

13th October 2025

Dear Parents & Carers,

School Clubs - Term 2

I am pleased to confirm details of the extra curricular clubs we will be running in Term 2 which are detailed on the attached. Clubs will start week commencing 27th October, running for 7 weeks, finishing week commencing 8th December with the exception of Football Club which will also run on Monday, 15th December. Details of clubs running for the week ahead are also included in our weekly School News.

Early Morning Club - runs every day of term. Please can we remind parents and carers that places for Early Morning Club <u>must be booked and paid for in advance</u> by contacting the school office. Early morning club costs £1.50 per child per day. If your child is not booked, or payment hasn't been made, they will not be able to attend. If your child has been booked but does not attend, they will still be charged unless they are unwell or 24 hours' notice has been given.

<u>Please can I ask that you check the finish time of any club that your child attends to ensure they are collected on time.</u> The start and finish time of each club is detailed on the attached. Please can we also ask that children bring suitable, waterproof clothes for any outdoor activities as these clubs will still run in all weathers. For the after school football clubs' children should bring football boots and shin pads. Children playing in the lunchtime football club can wear their PE kit and trainers.

After school clubs will be free of charge apart from those clubs provided by Elite Community Coaching (UK) which incur a small charge. Places will be limited depending on the individual club and these will then be offered on a 'first come, first served basis'. Similarly, if sufficient places aren't request for a particular club that make it feasible to run, this will be cancelled. Please assume your child has been successful in gaining a place at their chosen club unless you hear from us.

How to register

If your child would like to take part in any of the after-school clubs run by school staff <u>you must</u> please complete and return the form overleaf to the school office for this term's clubs. A separate letter is attached from Elite with details of how to enrol in their clubs. Children do not need to register for any of our lunchtime clubs.

Kind regards,

Sarah Moss Headteacher



DATE	Early	CLUB	RUN BY	YEAR GROUP	WHERE	TIME
5/112	Morning	6100	NOIV DI	12/11/ 61/661	***************************************	111112
	Club					
	8.00-8.35pm					
Monday	Early					
	Morning	Football Club	Elite	Year 1 to 6	Field	3.15 to 4.15pm
	Club					
	(booked in	Netball Club	Mrs Wood	Year 3 to 6	Playground	3.15 to 4.00pm
	advance - £1.20)					
	11.20)					
Tuesday	Early					
•	Morning	Ethos Club	Mrs Moss	Year 3 to 6	Headteacher's Office	12.00 to 12.30pm
	Club					
	(booked in					
	advance -					
	£1.20)					
Wednesday	Early					12 15 nm to 12 45 nm
	Morning Club	Singing Club	Mrs Gleave	Year 1 to 6	Year 3 Classroom	12.15pm to 12.45pm
	(booked in					2.45 4.45
	advance -	Dance Club	Elite	Year 1 to 6	School Hall	3.15pm to 4.15pm
	£1.20)					
Thursday	Early					
	Morning					
	Club					
	(booked in					
	advance - £1.20)					
	11.20)					
Friday	Early					
	Morning	Library Club	Mrs Foley	Year 1 to 6	School Library	12.30 to 1.00pm
	Club	,	•		,	
	(booked in					
	advance -					
	£1.20)					

Teacher Led Clubs – 2025-26 Term 2							
My son/daughter (name)	Year						
would like to take part in the following after school club/clubs:							
Netball Club (Monday – Mrs Wood) (Ye	ar 3 to 6)						
PLEASE SEE SEPARATE LETTER FOR CLUBS RUN BE ELITE WITH INSTRUCTIONS ON HOW TO ENROL ON THEIR							
CLUBS. CHILDREN DO NOT NEED TO REGISTER FOR ANY OF OUR LUNCHTUME CLUBS.							
Should the necessity arise, I agree to the person in charge of the club, or another member of school staff, giving consent on my behalf to administer any urgent medical treatment.							
Signed:(parent/guardian) Date:						
Contact Telephone Number:							
Any Allergies? YES/NO* Please specify:							