

Dear Parents/Carers



**RE: YEAR 6 FOREST SCHOOL CLUB**

Year 6 Forest School (FS) club will take place on **Wednesdays** throughout Terms 1&2.

Due to the nature of the activities, the children will need:

- Long sleeved top and trousers - there are lots of brambles and nettles about (these items of clothing may get very dirty – please only send play clothes). Please ensure the clothing is thick enough to prevent scratches/stings
- A waterproof coat and trousers – we go out in all weathers apart from exceedingly high winds and/or lightning. **Waterproof trousers to all sessions please** – there will be mud!
- Wellies/sturdy outdoor shoes- Wellies are good for wet and mud but definitely not warm so please send extra socks in cold weather (children can wear other appropriate play shoes in dry weather)
- Head torch – for the last 2/3 weeks as the light fades

***Please contact me via email, copying the completed slip below, if you wish to book your child on to Forest School club by Wednesday 22<sup>nd</sup> September. I will email confirmation once the deadline has passed. Contact details: [valair1@hotmail.com](mailto:valair1@hotmail.com)***

The cost is £ 6.50 per session running from 3.15 – 5:00pm (9 sessions in total - £58.50) with snacks provided. The first session will be on Wednesday 29<sup>th</sup> September and the last on Wednesday 1<sup>st</sup> December. All sessions will take place outdoors in the Conservation Area (although we may explore other areas of the school grounds from time to time).

Mrs Sarah Webb  
Forest School Leader  
**07825 610145**

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If your child would like to participate in Forest School, please email this slip to [valair1@hotmail.com](mailto:valair1@hotmail.com) along with payment, preferably via BACS: Mrs S V Webb, Account No. 11051187, Sort: 08 92 86. If unable to pay via BACs, then please send cash or a cheque payable to Mrs S V Webb. Please ensure payment is made by the week beginning 4<sup>th</sup> October.

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Email address: \_\_\_\_\_

Medical and/or Dietary needs: \_\_\_\_\_

Emergency Contact Numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Is your child making their own way home? Yes/No

Signed \_\_\_\_\_ (Parent/Carer)