



Catshill First School and Nursery
Date of issue: Wednesday, 07 June 2017



Reception visit to The Wyre Forest

Friday 14th July 2017

Dear Parents/Carers of Reception Children

We are pleased to confirm that we are running an educational visit to The Wyre Forest for the children in Reception. This visit will be a fun-filled day with fairy tales, storytelling and exploring nature. The visit will take place on Friday 14th July 2017. We will be leaving school at 9.15am and arriving back to school by 2.45pm.

The cost of the visit is **£5.00 per child**. We are asking for voluntary contributions for this amount and in order for the visit to go ahead we will need to have enough voluntary contributions to cover the cost. If we cannot cover the cost then the visit will be cancelled.

Please ensure that all children have a suitable coat and sensible footwear. The weather can often be changeable at this time of year so please bear this in mind; it may be that sunhats and sun cream are required and equally, waterproof coats. In any case, school uniform is to be worn.

All children will be provided with a packed lunch under the Universal Free School Meals scheme. This will contain a sandwich, a cookie and a drink. If you prefer to provide your own packed lunch (no nut containing ingredients or glass bottles please) we ask that you indicate this on the reply slip below.

Please sign the consent form below and return, together with a note of your payment reference from Payments4Schools by **Friday 30th June 2017**. We are no longer able to accept cash payments; if you require any help with the online payment system, please see a member of the office staff who will be able to assist you.

Mrs C Thompson Yates
Mrs A Sanders

Mrs G Jones
Mrs T Wiley

Catshill First School and Nursery -The Wyre Forest

* I agree / do not agree that my child _____ in class _____ may take part in the visit to The Wyre Forest on Friday 14th July 2017.

I confirm that I have made payment via Payment4Schools.

I **do not** want a packed lunch provided by school and will provide my own.

I understand that the County Council accepts no liability other than in respect of enforceable third party claims against members of its staff. I agree to medical and dental treatment being given to my son/daughter if required, including the administration of a general anaesthetic and to surgical operations in the case of emergency, in accordance with the recommendations of a qualified medical practitioner.

PARENT/CARER'S NAME (Print)

SIGNATURE

DATE