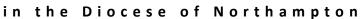


## ST JOSEPH'S CATHOLIC HIGH SCHOOL

### Roman Catholic School





Head of School: Mrs L Baker NPQH



Dear Parent / Guardian,

#### **Summer Sports Camp**

The PE Department will be running a Summer Sports Camp for our Year 7 pupils. This is a fantastic opportunity for pupils to cover a range of different sports in a friendly and fun environment with competitions and prizes. Students must bring a packed lunch, plenty of water and arrive in comfortable sportswear.

Where: St Joseph's Catholic High School Date: Monday 23rd - Friday 27th July, 2018

Start: 9am Finish: 3pm

Drop off/pick up location: Back of School Sports Hall, entrance via Arbour Park

(Adjacent to Lynch Hill)

The cost of the camp is £110 for the week or £25 per day. If you would like your son/daughter to attend this camp then please complete and return the form below along with full payment or a deposit of £50 by Wednesday 18th July.

Please note that due to the running costs of the camp, once a place has been reserved, payment in full is required or a deposit of £50. If your child fails to attend, all monies will be nonrefundable. There will be a limited number of places, so first come first served. All money will be refunded in full if the camp is cancelled.

Yours sincerely,

Mr N Santos

#### **PE Department**

n.santos@st-josephs.slough.sch.uk

Please tear and complete the slip below and return to the school office.

# Summer Sports Camp

| Summer Sports Camp   | Please indicate by ticking which |             |         |
|--|----------------------------------|-------------|---------|
| Student Name:  | payment option                   | you are cho | oosing: |
| Cahaali  | Whole Week                       | £110        |         |
| School:  | Monday                           | £25         |         |
| Emergency contact name:                                    | Tuesday                          | £25         |         |
|  | Wednesday                        | £25         |         |
| Number:  | Thursday                         | £25         |         |
| Number   | Friday                           | £25         |         |
| Email:   |                                  |             |         |
|  | I include full payment of £      |             |         |
| Any medical conditions/allergies:                          |                                  |             |         |
| ,  | I include a deposit of £50.      |             |         |
| I give consent for my child to receive appropriate medical |                                  |             |         |
| treatment in the event of an emergency.                    |                                  |             |         |

Parent/Guardian Signature: .....

St Joseph's Catholic High School Shaggy Calf Lane, Slough Berkshire, SL2 5HW

Specialist Schools Trust



St Peter Catholic Academy Trust

Co. reg. no. 10435919



Tel: 01753 524713 Fax: 01753 579128

Website: www.st-josephs.slough.sch.uk

