



13th September to 20th December 2018 (not including half term)

We hope your child is enjoying their gymnastics sessions with us. If they would like to continue next term, we require the attached slip completing and please note that fees are also now due to retain their place.

Fees are £61.00 for the term. This includes 14 weeks of gym (working out at £3.50 per session) and £12.00 British Gymnastics Annual Insurance and Membership which is now due. **Please complete the attached slip and place in a named envelope along with the fees and hand them into the coach or the school office by 28th September.**

If you would like to pay via bank transfer, our details are Sort Code = 09-01-28, Account Number = 84488072. Please put your child's names as a reference. For those of you wishing to pay by cheque, please make them payable to 'Little Tricks. Also please ensure that you still complete the slip below and hand it back to us).

Please note once you have signed this consent letter, responsibility for your child is handed over from Meriden School to the club representative on the specified day and at the specified time, as indicated above. We ask that you note on the attached slip the name or names of authorised adults who will be collecting your child after the club along with their telephone numbers. Any alternative arrangements to this must be communicated directly to us and not school before the start of the club that day.

If your child no longer wants their place, **would you please let me know as soon as possible** so that we can offer a place to someone on the waiting list and not chase you for renewal. May we take this opportunity to wish you all very happy holidays.

Nikki - Little Tricks Gymnastics
email Nikki@littletricks.co.uk 07964 345540

Please complete the slip below and place in a named envelope along with the fees and hand in to the coach or school reception by 28th September 2018



Meriden — Please find enclosed Fees £61.00
 I have paid by Bank Transfer _____
(date of transaction)

Child's Name _____

Parent/Carer Name _____

Parent/Carer Email address _____

Emergency Contact Number _____

Does your child have any _____
medical conditions we should be aware of?

Who will be collecting your _____
Child from the after school gymnastics session?