



# St. John the Evangelist Catholic Academy

*"Lord be thy word my rule."*

Principal: Mrs H. Rigby BSc(Hons), PGCE, NPQH  
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Friday 20th May 2022

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Dear Parents /Carers,

I am delighted to be able to offer your child(ren) the chance to take part in the free May half term holiday activities at St Joseph's Catholic Academy, Mobberley Road, Goldenhill, ST6 5RN. We are working with The Hubb Foundation to offer your child(ren) the chance to get active and have fun while taking part in forest school and activities with Port Vale.

The sessions are co-ordinated and funded by The Hubb Foundation who provide programmes to enable children and young people to access a range of activities during school holidays for FREE. All children attending the session will also receive lunch provided by The Hubb Foundation and partners.

The session will run onsite at St Joseph's Catholic Academy on **Monday 30<sup>th</sup> May 2022, 10am-2pm**. Groups will be led and supervised by a mixture of forest school, Port Vale staff and a member of staff from St. Joseph's and St. John's.

Places are limited; if your child would like to attend, please complete the booking form attached and return it to the school office via your child's teacher by **Tuesday 24<sup>th</sup> May 2022**. You will be informed whether your child has a place on the session that you have requested by Thursday 26<sup>th</sup> May 2022.

It shall be the Parents / Guardians / Carers responsibility –

- To complete the booking form attached (children can only attend if pre-booking is made and confirmation is received)
- To drop off, collect and sign in their child

I hope that your child will be able to take part in this great opportunity. Please do not hesitate to contact me if you would like further information.

Yours sincerely

Mrs H Rigby  
Principal

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**MAY HALF TERM HOLIDAY CLUB BOOKING FORM**

Name of child or children if siblings:

\_\_\_\_\_

Year group(s): \_\_\_\_\_

I would like my child(ren) to attend the holiday club session on **Monday 30<sup>th</sup> May 2022**.

By signing below, I confirm the following:

\*I am happy for my child to participate in the activities and receive lunch;

\*I have provided correct contact details, medical and dietary information;

Parent/Guardians/Carers name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact phone number 1 \_\_\_\_\_

Emergency Contact phone number 2 \_\_\_\_\_

Please tick to give permission for photos to be taken and used by School, The Hubb Foundation and partners.

**Please let us know if your child has any special dietary requirements, food allergies or medical needs (e.g asthma):**

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