

Eglish Youth Club Notice

Dear Parent/Guardian

The Youth Club will open on Monday **29 November** and will operate on the following basis.

Monday Night: P7, 1st year boys 6.15pm - 8.15pm

Tuesday Night: P3 & P4 boys 6-7pm

Tuesday Night: P3 & P4 girls 7.15pm - 8.15pm

Wednesday Night: P5 and P6 boys 6pm - 8pm

Thursday Night: P5, P6, P7 and Post Primary girls 6pm - 8pm

**Tuesday Night (footballers hall): 2nd & 3rd year boys 6pm-7.30pm
(programmes may be subject to change)**

Due to the fact our funding has been massively reduced, we have no choice but to amend our registration cost & nightly fee in order to ensure we can operate.

Registration costs are £10 for one member, £25 per family (3 plus)

A nightly fee of **£3 per child/young person** per night is also payable and should be paid when signing in. **£1.50 per child** for Children attending 1 hour sessions on Thursday.

We would request that parents/carers do not leave their children at the club before the starting time of their particular night. We would also ask parents/carers to collect their children promptly at finishing time.

The youth club does not accept responsibility for the safety of children and young people outside these hours.

Please complete the attached form and return to the club on registration night. All medical information (if any) will be treated in confidence.

Finally I would also ask each parent and member to read carefully the rules of the youth club which will be made available on the registration night. The leaders and committee of Eglish Youth Club are dedicated to creating a caring, enjoyable and positive experience for all involved. As a parent/carer we value your role in developing an understanding of expected behaviour and attitudes for your child/young person.

Yours sincerely,

Suzanne Donnelly (Chairperson)

**Eglish Youth Club - Registration form
(details to be completed for each child)**

Name of Child/Young person:	D.O.B	Class/Year	Allergy (detail below)
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N
_____	_____	_____	Y / N

(name) _____ ***does/does not** suffer any medical condition that would hinder them from taking part in all youth club activities.

Name of medical condition _____

Does your child/ren suffer from any allergies? If so please give details

*****If you have any concerns regarding the previous questions you can always speak privately to any of the leaders.*****

Signature of parent/carer: _____

Date: _____

Landline: _____ Mobile Number: _____

Next of Kin contact details (should we be unable to contact you in emergency)

Name _____

Relation to Child/Young person _____

Landline _____ Mobile Number _____

*Delete as appropriate

This form should be completed at home, if possible and returned to the youth club leader. All information will be treated confidentially.