THE PARISH OF ST PETER & ST LEONARD, HORBURY,

with ST JOHN, HORBURY BRIDGE

Registered Charity No. 1147711

Friday 22nd November 2024

St Peter's & Clifton School – Church Choir

Dear Parent/Carer,

St Peter's Church are working alongside St Peter's & Clifton School to deliver a church choir after-school club. The choir will be an opportunity for your child to sing in a group, build their confidence and learn more about what it means to be a chorister. The first session of the choir will begin on **Wednesday 27th November at 3.30pm.** The children will be walked up to church by church staff at 3.30pm and will be collected from church at 4.30pm by parents (unless your child is returning to school for after-school club – please see below).

If you would like your child to participate in this weekly club, we would request that you complete the following declarations, permission slip and health form and return these to the school office or your child's class teacher.

We look forward to working with you and please do not hesitate to contact us if you have any further questions. During the choir Katherine will be able to be contacted on 07899 955013, in case of emergencies.

Yours Sincerely

Leonard Sanderman
(Director of Music)
music@horburychurch.com

Katherine Brackley
(Children and Families Worker)
children@horburychurch.com

Church Choir - PARENT/CARER PERMISSION SLIP

I give permission for my child (name) _____ to attend choir, beginning on Wednesday 27th November 2024 and will collect them at 4.30pm each Wednesday in term time from St Peter's church / would like them to be returned to afterschool club at St Peter's & Clifton school (* delete as appropriate).

Signed (parent/carer) _____ Date _____

Declarations:

☐ I consent to my child been collected from school by a walking bus and understand that it is my responsibility to collect my child from church at 4.30pm unless a request has been made for them to be taken back to afterschool club.

☐ I consent to photographs or recorded images of my child being stored and appearing in church on printed publications and online, including social media. I understand that the images will be used only for church purposes in line with the safeguarding policy and that the identity of the person will be protected.

☐ Please add my email address to the parish mailing list so I can keep up to date with events that are suitable for children and families.

Email address: _____

P.T.O

Church Choir – HEALTH FORM

Name of child: ……

Address: ……

……

Home phone: …… Other emergency phone: ……..

Mobile phone: ……

Date of birth: ……/……/……

GP's name:…… Phone number: ……

Does your child suffer from any allergies? If YES please give details:

……

Is your child on medication or any other treatment? If YES please give details:

……

……

Does your child use an inhaler? Yes/no. If YES which type?……

Does your child have a special diet (e.g. vegetarian) or have any food allergies? If YES please give details:

……

Please describe any medical conditions/history/SEN that we ought to be aware of:

……

In an emergency I am happy for my child to receive any hospital treatment including an anaesthetic: Yes/No