



# Glazebury CE Primary School

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25th September 2017

## Gardening Club

Dear Parents

Due to the great success of our school at the RHS this year, we will be continuing the after school gardening club. We will be running this club from **Monday 9<sup>th</sup> October to Monday 11<sup>th</sup> December**, to maintain our garden and to grow the plants and vegetables.

The nine week session will run from **Monday 9<sup>th</sup> October – Monday 11<sup>th</sup> October** inclusive for children from Year 3 to Year 6.

Places will be limited to 8 places and if oversubscribed will be drawn out at random. Please can we ask that you send the children into school with suitable footwear and a coat, we will be out in the garden even if the weather is poor.

These after school gardening classes will show the children how to care for all aspects of the garden. We will also be growing vegetables for the school kitchen to use at lunchtime and growing plants for school and church.

The club will cost £1.50 per session which will be £13.50 for the **nine** sessions up until Monday 11<sup>th</sup> December. These funds will be used for resources to use in the club. If your child is interested in taking part, please complete the slip below and return with **full payment** to the office by Friday 29<sup>th</sup> September. The office will confirm that your child has been allocated a place on Monday 2<sup>nd</sup> October 2017.

Yours sincerely

Mrs K Mowbray  
Headteacher

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### Gardening Club – Monday 9<sup>th</sup> October to Monday 11<sup>th</sup> December 3:15pm – 4:15pm

I give consent for my child: ..... from Year ..... to attend the after school gardening club on a Monday from 3.15pm – 4.15pm.

I enclose £13.50 payment (please enclose exact money please either cash or cheque made payable to Glazebury CE Primary School)

- ☐ My child will be picked up at school at 4.00pm by .....
- ☐ My child will be walking home by themselves
- ☐ My child will be going to After School Club & **is already booked in**

My child has the following allergies, medical conditions to be aware of: .....

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Emergency Contact: .....

Signed: ..... Date: .....