Dear Parent/Guardian,

TLE Sports coaching have signed up to run a national program issued by the government to offer provision for children in receipt of Free School Meals. The aims of the project are to:

* Eat more healthily over the school holidays.
* Be more active during the school holidays.
* Take part in engaging and enriching activities which support the development of resilience, character, and wellbeing along with their wider educational attainment.
* Be safe and not to be socially isolated.
* Have a greater knowledge of health and nutrition.
* Be more engaged with school and other local services.

TLE have put a plan together to be able to run an effective, innovative, and beneficial program for all children. TLE will be running this program at St Dunstan’s School in Glastonbury and a ‘typical’ day will look like this:

 **KS1 – Timetable KS 2 Timetable**

|  |
| --- |
| **Registration** |
|  Introduction + Wellbeing Activities |
| M/S Invasion Activities |
| MOTM/Nutrition Activity |
| **Lunch/Quiet Activity** |
| M/S – Skills Activities |
| Tagging Games |

|  |
| --- |
| **Registration** |
| Introduction + Wellbeing Activities |
| Football |
| MOTM/Nutrition Activity |
| **Lunch/Quiet Activity** |
| Cricket |
| Tagging Games |

As part of our Covid-19 process the children will be in a bubble based on ages and will not mix (our COVID-19 process/policies and plans can be seen here: [Holiday Sports Camps - TLE Sports Coaching](https://www.tlesportscoaching.co.uk/out-of-school/holiday-sports-camps/))

Lunch will be provided (free of charge) and we will also be providing a nutritious food parcel for the children (and parents) to cook together on the final day each week. A video tutorial will be provided each week to follow.

Mr Wheat has agreed to forward this letter on to you as you are in receipt of Free School Meals and the school are working with us on this exciting initiative. It is felt that your family might benefit from this program and the activities it will offer.

To participate please complete the following forms and return to the school no later than 9th July 2021 as any spare places will then be offered to other children of West Pennard Primary School.

I can be contacted on any of the details below – any questions please ask.

Many Thanks



Jon Davis (Company Director)

FAO – Jon Davis TLE Company Director.

Thank you for the information, my son/daughter\*, would like to/is unable to\* (\*please delete accordingly) participate in this opportunity.

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_ DoB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Weeks I would like to attend are (please tick):

2nd – 6th August 9th – 13th August 16th – 20th August 21st – 27th August

Child(ren’s) Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact Numbers:

1. ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent email address: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School SEN Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give/withhold permission for photographs of my child undertaking the activity to be taken and used in publicity purposes only: Yes No

I have understood and am satisfied with the details supplied in the above activity and agree to the child(ren) named above taking part. I give permission for emergency medical treatment, should it be needed.

Signed ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian