



Elkesley Primary & Nursery School

Head Teacher : Mrs J Lane

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13 July 2017

Dear Parents/Carers



Key Stage 2 Sleepover

On Friday 21 July 2017 the PTFA and staff are inviting Key Stage 2 pupils to a sleepover in the school hall.

The cost of this event will be £5.00. Payment can be made through your child's School Money account, or you may send payment in with your consent form. Your child would be collected from school as normal at 3.30 pm to go home for their main meal and get changed. They are then welcome to return to school with you for drop off at 7.30 pm.

They will need to bring:-

- a roll mat
- a sleeping bag or duvet
- pillow/s
- water bottle
- toiletries for cleaning teeth and washing
- teddy bear

We ask that they do not bring any electronic devices or mobile phones. Between 7.30 pm and 8.30 pm we will play games, either inside or outside, weather dependent.

At 8.30 pm we will give the children a snack, either a slice of pizza or hot dog along with a drink. By 9.00 pm we will be watching a film together whilst nibbling popcorn and then going to bed.

Breakfast in the morning will consist of cereal and/or toast. Spreads will include jam, honey or chocolate spread.

Please collect your child at 9.00 am on Saturday 22 July 2017.

If your child would like to attend, please return the attached reply slip by Wednesday 19 July 2017, to enable us plenty of time to do our online shopping order.

Yours sincerely

Mrs J Lane
Head Teacher



KEY STAGE 2 SLEEPOVER – FRIDAY 21 JULY 2017

I agree to _____ taking part in the above mentioned event. I will bring my child to school at 7.30 pm on Friday and collect them at 9.00 am on Saturday 22 July 2017.

Evening Snack Choice

Cheese & tomato pizza Hot Dog
Vegetarian Hot Dog Popcorn

My child can have any of the following spreads

Honey Jam
Chocolate Spread

Drinks

Orange Juice Apple Juice

Does your child have any allergies or medical issues? YES / NO

If YES, please give details.

If your child requires any medication prescribed by the doctor, please complete the form below. This includes inhalers.

Time of Day to be given or circumstances	Dosage	Name of Medicine/Drug	Method of Drug Administration

All medication must be clearly labelled and handed to a member of staff.

I enclose £5.00 Paid Online

(This covers snacks, drinks and breakfast)

Signed _____ Date _____

Emergency Contact Details

Name _____ Relationship _____

Contact Number _____