02nd September 2019

Dear Parents/Carers,

**Year 5 & 6 Sleepover – 13th September 2019**

We have planned an exciting sleepover for all Year 5 and 6 pupils on Friday 13th September 2019.

Children are invited to attend the sleepover and are asked to arrive back at school at 5.30pm on Friday evening in casual clothes. Once arrived they will have a light meal together, followed by some games and a film. Children will then change into pyjamas, be given hot chocolate, brush their teeth and listen to a story. We then hope that they will fall asleep!

After a restful night’s sleep, children will be given breakfast and be ready for collection by their parents/guardians at 8.00- 8.30am.

Children will need a sleeping bag, something to sleep on, (air bed, bed roll etc.) pyjamas, clean underwear, dressing gown and slippers, toothbrush and tooth paste. Don't forget teddies, cuddlies, blankies or anything else your child usually sleeps with. Please do **not** bring sweets or chocolate.

Staff will take great care of your child. If your child becomes very upset, we will contact you.

We are asking £5.00 to attend the sleepover. All money raised will go towards the food provided. This charge will be added to ParentPay.

Please sign and return the permission slip overleaf, or electronically via <https://forms.gle/ne17o3TijnerX9a9A> by 6th September 2019, if you would like your child(ren) to take part.

Yours sincerely,

Miss N Jarrett  
Headteacher

**Year 5 & 6 Sleepover**

My child / children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will / will not attend the sleepover on Friday 13th September 2019.



I will pay £5.00 via ParentPay

**Signed :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person with parental responsibility)

**Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Numbers :**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical / other information :** Please include details of any medical conditions, medication required or any other information that you feel may prove useful