



# St. Paulinus Catholic Primary School

Inspiring all to live, learn and love in the light of Jesus.

(cf John 8:12)



2<sup>nd</sup> May, 2018

Dear Parents / Carers

**KSII** - There will be a Giant Sleepover on **Friday, 18<sup>th</sup> May** commencing at 6:30 pm and ending on **Saturday, 19<sup>th</sup> May** at 8:30 am.

Unfortunately due to age restrictions only pupils from Years 3 – 6 will be able to take part in this event.



The children will be allowed into school from 6:30 pm on the Friday evening, and will need to be collected at 8:30 am on the Saturday morning.

There will be a £10 charge this year, which will include supper, breakfast and any activities, eg. disco, penalty shootout, ghost stories, craft and colouring activities and DVD cinema. Please provide your child with a bottle of non-fizzy juice (no glass bottles) for the disco, as a small snack will be provided by ourselves.

*Before making payment for this sleepover, can you please ensure any outstanding trip money / dinner money is cleared.*

Please note that there will only be a maximum of 120 places available, so places will be strictly on a first come first served basis. Adults will be here to look after the children and to keep them occupied.

To secure a place for your child, payment should be made via ParentPay online between Wednesday, 2<sup>nd</sup> May and Wednesday, 16<sup>th</sup> May. This will be renewed on a daily basis and we will communicate numbers to you regularly.

Further information and necessary forms will be available nearer the Sleepover.

If you would like your child to attend, please complete and return the reply slip below.

Yours sincerely

Mrs. J. Moore



REPLY SLIP



Please return this slip to Mrs. J. Moore

**Re. Giant Sleepover**

**(Friday, 18<sup>th</sup> May, 6:30 pm / Saturday, 19<sup>th</sup> May, 8:30 am)**

**Child's name :** ..... **Class** .....

- I give permission for my child to attend the Giant Sleepover.
- Payment has been made by ParentPay online.
- I will ensure that my child is collected by an adult Saturday morning by 8:30 am.
- Please provide contact details for the evening in case of emergency, along with any medical problems / medication required.

Medical information : Details of any medical conditions including allergies that my child suffers from any medication with dosage etc.

Parent/Carer's name : .....

Relationship to child .....

Contact Phone Number : .....

Signed : .....

Date : .....



*'An outstanding school, which is deeply committed to the Catholic mission... this school inspires all within this faith to live life to the full.'* Ofsted 2017

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