



St Mary's

Catholic Primary School
and Nursery

*Learning and living
together through faith
and education*

Dane Bank Avenue, Crewe,
Cheshire CW2 8AD

Telephone: 01270 685174

E: admin@stmarysrc.cheshire.sch.uk

www.stmaryscrewe.co.uk

Headteacher: Mrs S M Fau-Goodwin

14th January 2020

Dear Parents/Carers,

On Tuesday 11th February the year one children will be visiting Crewe library. As a school we are passionate about the importance of reading and the enjoyment it can bring. We hope that introducing the children to the library at a young age will provide them with further opportunities to engage with books of all genres.

We will travel to the library by coach and, once there, the children will be given a tour of the library. They will also be shown how to select and check out books and will have the opportunity to browse the children's section. The visit will finish with a shared story.

If your child has a library card, they will be able to choose a book to bring home. To get a library card you will need to call in to the library and complete a form prior to the trip or fill in the form attached and return to your class teacher before Wednesday 29th January.

To help fund the cost of this trip we are asking for a voluntary contribution of £2 per child to be paid by Wednesday 29th January.

Thank you for your support,

The Year 1 team.

.....
I give permission for my child to take part in the visit to Crewe library on Tuesday 11th February 2020.

Child's name..... Class.....

Signed.....

I enclose a voluntary contribution of £2 to cover the cost of the visit (please tick)

I have completed a form C and returned this to school (please tick)





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PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with information sheet giving full details of the visit

Establishment/Group: St. Mary's Catholic Primary School

Details of Visit to: Crewe Library

From: **Tuesday 11th February 2020** Time: **9:30am** To: **Tuesday 11th February** Time: **11:30am**

I agree to _____ (name taking part in this visit)

I have read the information sheet I agree to _____'s participation in the activities described.

I acknowledge the need for _____ to behave responsibly throughout the visit.

Medical information about your child

Any conditions requiring medical treatment, including medication? **YES/NO**

If **YES**, please give brief details:

Please outline any food or other allergies and special dietary requirements of your child:

Any recent illness or accident staff should be aware of? **YES/NO**

The type of pain/flu relief medication your child may be given if necessary:

For residential visits and exchanges only

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?

If **YES**, please give brief details: **YES/NO**

Is your son/daughter allergic to any medication?
If YES, please specify:

YES/NO

When did your son/daughter last have a tetanus injection:

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Name: _____

Work: _____ Home: _____

Home address: _____

Email address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Email address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

As part of the activities your son/daughter/ward are involved in Cheshire East Council may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use the young person's photograph in this way?

YES / NO

Signed:

Date:

Full name (capitals): _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT



Crewe Library
Crewe Lifestyle Centre
Moss Square
Crewe
CW1 2BB

Tel: 01270 375295

Email: crewe.library@cheshireeast.gov.uk

Dear Parent/Carer,

Your child is due to visit Crewe Library with their class soon. This is their chance to discover what the library has to offer, for instance did you know that:

- you can become a member at any age
- it is FREE to join
- it is FREE to borrow books
- we have FREE Wi-Fi access
- we have computers, scanners and printers available to use
- you can also borrow DVDs
- you can access books, magazines and other information sources 24/7 via our website
- we hold a wide variety of events for all ages

If your child is not already a member of the library and you would like them to borrow books during the visit then just complete the reverse of this letter and return it to your child's teacher.

By signing this form you agree that your child will observe the library regulations and bye-laws, and that they have your permission to access our People's Network computers (please ask at the library if you wish to see a copy of the acceptable use policy for the computers).

CHILD DETAILS

Miss, Master etc.

Date of birth

Surname

First names

Address

Postcode

Contact telephone number

Email address

Language spoken at home

ADULT DETAILS

I, the undersigned, being a parent or guardian of the above, declare that I believe the applicant to be a person to whom library property may be safely entrusted.

Mr, Mrs, Miss etc.

Date of birth

Surname

First names

Signature

Address

Postcode

Contact telephone number

Email address

Please tick here if you would like to receive our monthly email about events that are happening in Cheshire East Libraries.