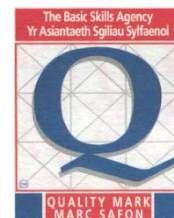


Ysgol Bro Cleddau
 Cleddau Reach VC Primary School
 Deerland Road
 Llangwm
 Pembrokeshire
 SA62 4NG

Ffon / Tel: 01437 899419

E-bost / Email: head.cleddaureach@pembrokeshire.gov.uk



Dear Parent / carer,

MERLIN THEATRE VISIT

We have arranged to take the children to the Merlin Theatre, (Pembrokeshire College) Haverfordwest to watch the Christmas production of **'Sleeping Beauty'**. Details are listed below. No child will be excluded for being unable to pay the contribution; however, if insufficient funds come in to cover the cost the visit will have to be cancelled. The school has insurance for all visits made by children. If you have any queries then please contact your child's class teacher. **Please return the slip below together with your contribution.**

Class or Year	<u>Full time children only</u> (Reception, Year 1, 2, 3, 4, 5 & 6)
Destination	Merlin Theatre, Pembrokeshire College, Haverfordwest
Date	Tuesday 17 th December 2019
Purpose of Visit	To watch the Christmas Production 'Sleeping Beauty'
Time of Departure	9.10am PROMPT
Time of Return	12.30pm (Lunch will be served as normal on our return)
Contribution	£7.00 per child
Food	Children are able to take <u>a very small snack of fruit</u> to the theatre to eat during the interval.
Teacher/s in Charge	Mr Groves
Other Information	* School uniform to be worn *Thank you to the 'Friends Association of Cleddau Reach' for paying for the cost of the coaches to and from the theatre

Yours sincerely
Mr. N. Groves
Headteacher

MERLIN THEATRE VISIT – 'SLEEPING BEAUTY'

I give permission for my child/ren _____ Class _____ to visit the Merlin Theatre, Pembrokeshire College, Haverfordwest on **Tuesday 17th December**. I enclose a contribution of **£7.00 per child** towards the cost of the visit. I have read the above and understood its contents.

Signed _____ Parent/Carer

