office@stlukescheltenham.org.uk

07557105634

[stlukescheltenham.org.uk](https://stlukescheltenham.org.uk)

St Luke’s Church Holiday Bible Club

**17th – 19th February 2025**

*Dear parents and carers,*

St Luke’s are excited to invite children in Years 3-6 to our February Half-Term Holiday Bible club. Over the **17th – 19th February** we invite your children to join us, and Doctor Luke, as we explore how to deal with life’s emergencies.

We look forward to a fun packed, three days of games, team challenges, craft, songs and activities together. The day will run from **9:15-1:15** each day, with lunch included, and takes place at **St Luke’s Church, St Lukes Road, Cheltenham, GL53 7JJ.** The cost of the event is £5 per household which includes all activities and lunch each day. This can be paid by cash either at the return of the permission form or at registration on the first day.

We would be delighted to welcome your child(ren) to St Luke’s for Holiday Club. You can sign up by completing the attached permission form and returning by email to office@stlukescheltenham.org.uk

Throughout the club, children will be put into groups for Team Challenge each day. If your child(ren) would like to be in a team with a friend from their school, please can you indicate this on the permission form.

Due to building and volunteer capacity, we are currently capped at 30 children; sign up will remain open until we reach capacity but we encourage people to submit their forms early to avoid disappointment.

We look forward to seeing your child(ren) in February Half Term!

Every Blessing,

Alice Pinney & the team at St Luke’s.

**St Luke’s Holiday Bible Club permission form**

**Please complete all parts of this form, and return to Saint John’s School or** **office@stlukescheltenham.org.uk**

Child’s Name:

Name: Date:

Signed:

(For children in Year 5 & 6 only) **Permission to walk to/from the event:**

I Do/Do Not (delete as appropriate) give permission for my child to walk to and from holiday club.

**Name of friend to be in a group with:** (We will do our best to accommodate)

**Does your child have any allergies or medical conditions that we should be aware of?** If yes, please detail.

**Photo permission:**

I Do/Do Not (delete as appropriate) give permission for photographs of my child to be taken for use by St Luke’s Church.

**Emergency Contact information:**

Name:

Phone number:

School Year: