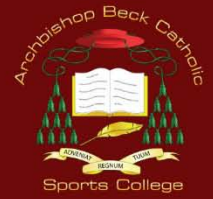




# Archbishop Beck Catholic Sports College



Headteacher: Mr Paul Dickinson BA (Hons), MEd, NPQH

ONLY  
THE BEST  
WILL DO

KP/EK/Summer Camp (1&1a)

4<sup>th</sup> June 2018

## **'SUMMER CAMP 2018'**

### **WELCOME TO ARCHBISHOP BECK**

We would like to invite you to attend our Summer Camp 2018. The camp will take place on the following dates:

**Monday 30<sup>th</sup> July – Wednesday 1<sup>st</sup> August**  
**and**  
**Tuesday 28<sup>th</sup> to Thursday 30<sup>th</sup> August**

The sessions will run from 10.00am until 2.30pm daily and **a packed lunch will be required.**

There will be a wide range of activities including Art, Sports and Craft design which will all take place at Archbishop Beck and will be hosted by staff from the college.

This is great opportunity to meet new friends, teachers and staff and to support students to find their way around the college and familiarise themselves with the new environment.

The Summer Camp has proved to be very popular in the previous years and students have found it to be very beneficial in making the transfer into Year 7.

More information will be available on the Induction Day on Wednesday 4<sup>th</sup> July.

Please complete the attached pro-forma and return it to Mrs P Williams, Main Office at Archbishop Beck **by Monday 9<sup>th</sup> July 2018.**

Yours sincerely

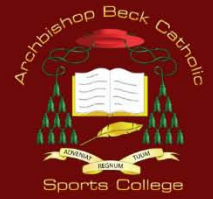
*K Porter*

**Miss K Porter**  
**Assistant Headteacher**

t: 0151 525 6326 | f: 0151 524 2465 | [info@beck.uk.com](mailto:info@beck.uk.com) | [www.archbishopbeck.com](http://www.archbishopbeck.com)



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KP/EK/Summer Camp (1a)

## SUMMER CAMP 2018

**Student Name:** \_\_\_\_\_ PLEASE PRINT

**Primary School:** \_\_\_\_\_

**Please tick the boxes below to indicate if your child will attend week 1, 2 or both weeks.**

- I do not want to attend Summer Camp [    ]
- Week 1 - Monday 30<sup>th</sup> **July** to Wednesday 1<sup>st</sup> **August**, 10.00 – 2.30pm [    ]
- Week 2 - Tuesday 28<sup>th</sup> to Thursday 30<sup>th</sup> **August**, 10.00 – 2.30pm [    ]

Please sign below for your child to attend.

I give permission for my child to attend the Sumer Camp and participate in all activities.

**Signed:** \_\_\_\_\_ **Parent / Carer**

**Date:** \_\_\_\_\_

**Emergency Contact No:** \_\_\_\_\_

Please provide details of any medical issues which we need to be aware of:

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**PLEASE RETURN THIS SHEET TO MRS P WILLIAMS, MAIN OFFICE AT ARCHBISHOP BECK BY MONDAY 9<sup>TH</sup> JULY.**