

Mrs Kate Yates NPQH, B.A (Hons) QTS  
HEAD TEACHER

Miss Zoe Byrne NPQSL B.Ed (Hons) QTS  
DEPUTY HEAD TEACHER



## MOUNT PRIMARY SCHOOL

Mount Pleasant Road,  
Wallasey,  
Merseyside, CH45 5HU  
Tel: 0151 630 3329

Website: [www.mount.wirral.sch.uk](http://www.mount.wirral.sch.uk)  
E-mail: [schooloffice@mount.wirral.sch.uk](mailto:schooloffice@mount.wirral.sch.uk)

8<sup>th</sup> September 2022

Dear parents / carers,

### Millemots French Club

French club will be starting this half-term for years 2, 3 and 4 on a Tuesday, from 3.20 – 4.20pm, with the first session on Tuesday 20<sup>th</sup> September until Tuesday 18<sup>th</sup> October (5 weeks).

The club introduces children to the language and culture of the French-speaking world through fun and informal sessions. The activities include interactive games, imaginative play, drama, storytelling, craft as well as songs, rhymes and food tasting. Throughout the year we will also learn about festivals and celebrations.

If you would like your child to attend, please complete the slip below and return it to the school office with a payment of £20.00 as soon as possible. Children will be able to sign up each half-term. Places will be allocated on a first come, first served basis and school will notify your child if they have a place or not.

Yours sincerely,

Corinne McCoy  
French Teacher

*Paypal payment:* [paypal.me/millemots](https://paypal.me/millemots)

*"Mount Primary School – Respect yourself, Respect others, Respect our world"*



=====

**Please complete and return to the school office.**

## **Millemots French Club**

● I would like my child: \_\_\_\_\_ Class teacher: \_\_\_\_\_

to attend French club this half-term (5 weeks: 20/09 to 18/10)

● I enclose full payment of £20.00. (please tick:)

● Cash left at the office:  or Paypal payment:  [paypal.me/millemots](https://www.paypal.me/millemots)

● I will collect my child after French club at the front middle double doors at 4.20pm

My child will go to The Lighthouse Club after French club

Parent/carer signature: \_\_\_\_\_

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

Emergency contact number: \_\_\_\_\_

Important information I would like to share about my child (special requirements, medical needs)

\_\_\_\_\_