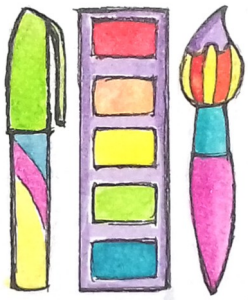

Kerry O'Brien
Art and Craft Club

E-mail: ciarraiobrien@hotmail.com

Marvellous Make and Create

Lowdham Primary School

This will be a 7 week course for **£56** and is open to children to children from **Years 1 to 6**.

The workshops will run on Thursdays **3rd, 10th, 17th, 24th September and 1st, 8th, 15th November 2026.** They will be held in the library from **3:30pm – 4:30 pm**. Children are to be collected from outside the main entrance.

This is a 7 week course and full payment of £56 is required.

Please check that your child wants to attend the Art Club course before making the payment.

In the event of your child's absence or illness payment for that week will not be re-imbursed.

Please e-mail your child's name, class and school to Kerry to book a place asap.

E-mail: ciarraiobrien@hotmail.com

Please do not make the payment until you have had e-mail confirmation of a place from Kerry.

Places are limited so it will be on a first come first served basis.

Confirmation of a place will be sent by e-mail.

If payment is by cash or cheque, please put this and the completed form in a sealed, labelled envelope with your child's name and class number on the front. This is to be given directly to Kerry at the first Art Club session or on collection of your child.

If your child requires one to one support then I request that I am informed beforehand and a parent/carer supports.

Cheques to be made payable to Kerry O'Brien once a place is confirmed.

If paying by bank transfer please use your child's name and school as reference, this is to be received by Friday 28th August 2026. This ensures your child has a place.

Thank you.
Kerry O'Brien

FAO : Kerry O'Brien ART CLUB

I would like my child _____ in class _____to attend Art Club at Lowdham Primary School on **Thursdays 3rd, 10th, 17th, 24th September and 1st, 8th, 15th October 2026 from 3:30pm - 4:30pm.**

Please tick. I will collect my child ☐ My child goes to After School Club ☐

I enclose **£56** in a labelled envelope for the 7 week sessions ☐ Payment by BACS ☐

Signed _____ Two Contact Phone Numbers: _____

_____

Any medical details/further information: _____

Please be reassured all details are treated carefully. Privacy policy on request.