



St. Winifred's School

Pine Hill, St. Michael, BB11112, Barbados, West Indies
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TO: Parents/Guardians of students in the **Beginners' classes** DATE: 15th September 2008
FROM: Mrs. Barbara St. John RE: **Football**
Deputy Principal and Head of the Prep. Dept.

We are starting a football programme for the Beginners' students.

This will be offered during the same time as ballet (Thursday mornings) and there will be a \$70.00 fee per term. This will commence from Week 3 – Thursday, 18th September.

Mr. Mark Byfield will be the coach. He is a qualified coach with a great deal of coaching experience. The main aims of the programme are to guide participants in the basic skills, assist in balance and co-ordination, decision making and foster an overall element of fun.

Please indicate below if you wish your son/daughter to attend and fill in the attached form.

Barbara St. John (Mrs.)
Deputy Principal
Head of the Prep. Dept.

Enclosure



Please complete and return this slip **no later than the morning of Wednesday, 17th September 2008.**

My child's name is _____ Beginners _____

My child will be taking part in the Football Programme offered to the Beginners' students on Thursdays during the school day.

I am enclosing **the completed Registration Form**, along with the **\$70.00 termly fee (preferably a cheque made out to Zest Ltd.)**.

My child will not be participating in the Football Programme.

Date: _____ Parent's/Guardian's signature: _____

FOOTBALL REGISTRATION FORM

Student's Details

Surname:	
First Name:	
Date of Birth:	
Nationality:	
Telephone:	
Cell:	

Student's Medical Details:

Doctor's Name:	
Address:	
Telephone:	
Previous Illness:	
Special Care Needed:	
Allergies to food:	
Special Diet Required:	

First Contact (Parent/Guardian):

Name	
Telephone:	
Cell:	
Address:	

Second Contact (Parent/Guardian):

Name:	
Telephone:	
Cell:	
Address:	

Signature of Parent: _____

Date: _____