



Date:

Dear Parent/Carer

Grow Well Choices Level 1 – Invitation to Join in a session

Your child has been taking part in Grow Well Choices Level 1. The children have been learning about the importance of being healthy and making healthy lifestyle choices.

You are invited to come to session _____ on the _____

Staff will be there to answer any questions you may have about Grow Well Choices Level 1. We will not be able to offer individualised advice for your child but may be able to direct you to someone who may help.

Yours faithfully

Head Teacher

Will you attend a session of Grow Well Choices on _____ ? ☐ Yes ☐ No

Childs name (Please insert name of child):

Parent's signature:

Please return this slip to your child's teacher.