



地址: 香港北角雲景道二十號 Address: 20 Cloud View Road, North Point, Hong Kong 電話/Tel: 2570-0331 傳真/Fax: 2566-0192 網址/Website: http://www.clsnp.edu.hk/

Notice to Parents No: 2526/052 1st Term Baking Club Meetings

6th October 2025

Dear Parents/ Guardians

This is to inform that student is going to join the 1st Term Baking Club Meetings. The details are listed as follows. Please sign and return the reply slip on or before 8th Oct 2025 (Wed).

Details of the event:

| NI CE | 1str Di Cilina | | | | |
|----------------|--|-----------------|------------------------|--|--|
| Name of Event: | 1 st Term Baking Club Meetings | | | | |
| | | | | | |
| Date: | 10/10, 17/10 & 24/10 (Fri) | Teacher(s)-in- | Ms. Chan Wing Yan Glad | | |
| | | charge: | Ms. Tse Ka Yin | | |
| | | | Ms. Wong Yuen Ying | | |
| Time: | 4:00pm - 5:30pm | Venue: | Room 508 | | |
| Assembly | 4:00pm | Dismissal Time: | 5:30pm | | |
| Time: | | | | | |
| Fee: | \$50 (Annual membership fee, with approximately ten meetings throughout the year) | | | | |
| Remarks: | 1. Please return the reply slip and \$50 fee to Ms. Chan Wing Yan Gla | | | | |
| | Ms. Tse Ka Yin or Ms. Wong Yuen Ying. | | | | |
| | 2. If there is an adverse weather condition and the activity is cancelled the teacher(s)-in-charge will arrange students to go home under a safe situation | | | | |
| | | | | | |
| | as soon as possible. | | | | |

Should you have any enquiries, please contact Ms. Chan Wing Yan Glad, Ms. Tse Ka Yin or Ms. Wong Yuen Ying at 2570 0331.

Yours faithfully

Mr. Lee Kin Lim Larry

Principal

<Reply Slip> Notice to Parents No: 2526/052 1st Term Baking Club Meetings

1st Term Baking Club Meetings
(Please return this slip on or before 8th Oct 2025 (Wed))

| Dear Principal | | | | | | |
|---|--------------|------|----------------------|--|--|--|
| I acknowledge the receipt of the notice regard | ding the 1st | Term | Baking Club Meetings | | | |
| I give permission to my child to take part in the activity. | | | | | | |
| Name of student: | _ Class: | _(| <u>)</u> | | | |
| Signature of parent / guardian: Contact number of parent / guardian: | | | | | | |
| Contact number of student: | | | | | | |
| Date: | | | | | | |

