

Aston Hall J & I School After School Clubs

Summer Term 1

Day	Club Name	Year Groups	Extra Information
Tuesdays	Family Cooking Club <i>Cost £12 for 4 weekly sessions. Pay on ParentPay once place is confirmed</i> PLEASE NOTE THAT A PARENT MUST ATTEND THIS CLUB WITH THEIR CHILD	Year 1 – Year 6 10 child places	Finishes at 4pm. Starts Tuesday 3 rd May 2022 until Tuesday 24 th May 2022 inclusive. Learn from a qualified chef and cook a variety of meals together as a family. Each week you will prepare and cook a new healthy recipe, using fresh ingredients. PLEASE BRING A FOOD CONTAINER EACH WEEK.

Additional Information:

Please note that due to high demand for places in clubs, these will initially be offered to children who have not had the opportunity to take part in a club before or who did not get a place previously. After this, places will be allocated on a first-come, first-served basis; please ensure your reply forms are returned to the main office. Parents will be informed whether they have a space and when the clubs are available to pay via ParentPay. We recognise that there is a large demand for clubs after school and we will continue to expand and develop our offers and activities to accommodate as many children as we can. Where possible, we will also try to run the same club multiple times throughout the year to ensure that children can have the opportunity to take part at some stage.

Summer Term 1 – FAMILY COOKING CLUB

Child's Name _____ Class _____

Name of parent attending: _____

By signing this form, you agree to pay for the club using the method outlined in the letter.

Signed _____ (Parent/Guardian) Date _____

Emergency contact number _____

Family Learning Registration Form (Personal Details)

First Name (Child)		Last Name (Child)			
First Name (Attending Adult)		Last Name (Attending Adult)			
Daytime Telephone			Evening Telephone		
Mobile Telephone			Date of Birth (Child)		Class and Year
(Please circle one)	Male	Female	School Attended		

Emergency Contact Details

Name 1		Relationship to child		Telephone Number	
Name 2		Relationship to child		Telephone Number	

Medical Information / Behaviour / Disability

(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.

Consent

General Consent (tick as appropriate)	Yes	No
I consent to my child having his/her picture taken for promotional/website purposes		
I consent to video recordings being made of my child for promotional/monitoring purposes		
I consent to members of the local press being invited to take pictures of my child		
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present		

Signed: _____ **Date:** _____

Name: _____ **Relationship** _____