## Aston Hall J & I School After School Clubs

## Summer Half Term 1

| Day        | Club Name  | Year Groups     | Extra Information  |  |  |  |
|------------|--|-----------------|--|--|--|--|
| Wednesdays | Crazy Science Club   | Year 2 – Year 6 | Finishes at 4.20pm   |  |  |  |
|            | Cost £12 for 4 weekly sessions.<br>Pay on ParentPay once place is<br>confirmed | 18 places       | Starts Wednesday 26 <sup>th</sup> April 2023 until<br>Wednesday 24 <sup>th</sup> May 2023 inclusive.<br>**PLEASE NOTE THAT THERE WILL BE NO<br>SESSION ON WEDNESDAY 10 <sup>TH</sup> MAY** |  |  |  |
|            |  |                 | Be a crazy scientist and perform a variety<br>of fun and interesting experiments from<br>testing electricity circuits to creating<br>slime!  |  |  |  |
| Thursdays  | Football Coaching  | Year 1 – Year 4 | Finishes at 4.20pm   |  |  |  |
|            | Cost £15 for 5 weekly sessions.<br>Pay on ParentPay once place is<br>confirmed | 22 places       | Starts Thursday 27 <sup>th</sup> April 2023 until<br>Thursday 25 <sup>th</sup> May 2023 inclusive.   |  |  |  |
|            |  |                 | Delivered by a specialist football coach<br>from KRS Education, this is your chance to<br>improve your football skills, play lots of<br>games and develop your football<br>knowledge.      |  |  |  |

## 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 Half-Term 1 – CRAZY SCIENCE CLUB

| Child's Name  | Class                        |                |
|---|------------------------------|----------------|
| I confirm that I will be collecting my child at the By signing this form, you agree to pay for the cl |                              | in the letter. |
| Signed<br>Emergency contact number  |                              |                |
|   |                              |                |
| Summer Half-Term 1 – FOOTBALL COACHING  |                              |                |
| Child's Name  | Class                        |                |
| I confirm that I will be collecting my child at the   | end of the club. $\Box$      |                |
| By signing this form, you agree to pay for the cl   | ub using the method outlined | in the letter. |
| Signed  |                              |                |
| Emergency contact number  |                              |                |

| Personal Details  |              |   |                          |          |                   |                 |       |                   |     |    |
|---|--------------|---|--------------------------|----------|-------------------|-----------------|-------|-------------------|-----|----|
| First Name  |              | Last Name   |                          |          |                   |                 |       |                   |     |    |
| Address   |              |   |                          |          | Post<br>Code      |                 |       |                   |     |    |
| Daytime Tel   | ephone       |   | Evening<br>Telephone     |          |                   |                 | 1     |                   |     |    |
| Mobile Telephone  |              |   |                          |          | Date of Birth     |                 |       | Class<br>and Year |     |    |
| (Please circ  | le one)      | Male  | Female                   |          | School Attended   |                 |       |                   |     |    |
|   |              | En  | nergency Co              | ntaci    | t Details         |                 |       |                   |     |    |
| Name 1  |              |   | Relationship             |          |                   | Teleph          |       |                   |     |    |
| Name 2  |              |   | to child<br>Relationship |          |                   | Numbe<br>Teleph | one   |                   |     |    |
|   |              |   | to child                 | Pahav    | iour / Dicobi     | Numbe           | er    |                   |     |    |
| Medical Information / Behaviour / Disability<br>(This information will only be used to make the activity a positive experience for all). Please outline details of any medical<br>conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all<br>allergies. |              |   |                          |          |                   |                 |       |                   |     |    |
| General Cons  | sent (tick a | as appropriate)                                   | Cons                     | ent      |                   |                 |       |                   | Yes | No |
|   | -            | ing his/her picture tak                           | en for promotio          | nal/we   | bsite purposes    | 6               |       |                   |     |    |
| I consent to vi   | deo record   | ings being made of m                              | y child for prom         | otiona   | l/monitoring pu   | irposes         |       |                   |     |    |
| I consent to m  | embers of    | the local press being                             | invited to take p        | oictures | s 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   |              |   |                          |          |                   |                 | , by  |                   |     |    |
|   |              | f your child will be col<br>ble box and return to |                          |          |                   |                 | home? |                   |     |    |
| (Student name) will be collected  |              |   |                          |          |                   |                 |       |                   |     |    |
| (Student name   | e)           |   | is allo                  | wed to   | walk home         | [               |       |                   |     |    |
| If your child i   | s collecte   | d please write down                               | who will be pi           | icking   | them up           |                 |       |                   |     |    |
| Signed:   |              |   |                          |          |                   |                 |       |                   |     |    |
| Name: Relationship  |              |   |                          |          |                   |                 |       |                   |     |    |
| Name:   |              |   |                          |          | Date: _<br>Relati |                 |       |                   |     |    |