

Aston Hall J & I School After School Clubs

Autumn Half Term 2 - 2023

| Day | Club Name | Year Groups | Extra Information |
|-------------------|----------------------------|----------------------------------|--|
| Mondays | Circus Skills | Year 2 – Year 6 20 places | Finishes at 4.20pm Runs for 5 weeks; starting Monday 6 th November 2023 until Monday 4 th December 2023 inclusive. From spinning plates, walking on stilts, juggling balls and learning the diablo, this is a fantastic opportunity to learn a variety of cool circus skills and have fun with your friends. |
| Wednesdays | Glow in the Dark Dodgeball | Year 1 – Year 4 20 places | Finishes at 4.20pm Runs for 5 weeks; starting Wednesday 8 th November 2023 until Wednesday 6 th December 2023 inclusive. During this exciting fast-paced fun club, you will play various Dodgeball games and tournaments but with the added twist of playing games in the dark using fluorescent lights, bibs and glow in the dark balls! |
| Thursdays | Arts & Crafts | Year 1 – Year 6 20 places | Finishes at 4.20pm Runs for 5 weeks; starting Thursday 9 th November 2023 until Thursday 7 th December 2023 inclusive. This club will be run by Miss Lindley. Children will be getting creative using a variety of arts and crafts resources. |
| Thursdays | Macramé & Cross Stitch | Year 2 – Year 6 10 places | Finishes at 4.20pm Runs for 5 weeks; starting Thursday 9 th November 2023 until Thursday 7 th December 2023 inclusive. This club will be run by Mrs Wall and you will create your own small themed macramé & cross stitch project. |

*All clubs are free and a text message will be sent to parents to confirm their child has been allocated a place. 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 **school office**. 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.*

Autumn Half-Term 2 – CIRCUS SKILLS

Child's Name _____ Class _____

I confirm that I will be collecting my child at the end of the club.

Signed _____ (Parent/Guardian) Date _____

Emergency contact number _____

Autumn Half-Term 2 – GLOW IN THE DARK DODGEBALL

Child's Name _____ Class _____

I confirm that I will be collecting my child at the end of the club.

Signed _____ (Parent/Guardian) Date _____

Emergency contact number _____

Autumn Half-Term 2 – ARTS & CRAFTS

Child's Name _____ Class _____

I confirm that I will be collecting my child at the end of the club.

Signed _____ (Parent/Guardian) Date _____

Emergency contact number _____

Autumn Half-Term 2 – MACRAMÉ & CROSS-STITCH

Child's Name _____ Class _____

I confirm that I will be collecting my child at the end of the club.

Signed _____ (Parent/Guardian) Date _____

Emergency contact number _____

| | | | | | |
|----------------------------|-------------|------------------|--------------------------|-----------------------|--|
| First Name | | Last Name | | | |
| Address | | | | Post Code | |
| Daytime Telephone | | | Evening Telephone | | |
| Mobile Telephone | | | Date of Birth | Class and Year | |
| (Please circle one) | Male | Female | School Attended | | |

| | | | | | |
|---------------|--|------------------------------|--|-------------------------|--|
| 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.

| 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 | | |

Can you please confirm if your child will be collected after the activity or is allowed to walk home?
Please tick the applicable box and return to school before the club start date

(Student name) _____ will be collected

(Student name) _____ is allowed to walk home

If your child is collected please write down who will be picking them up _____

| | |
|----------------------|---------------------------|
| Signed: _____ | Date: _____ |
| Name: _____ | Relationship _____ |