## Aston Hall J & I School After School Clubs

Autumn Half Term 1 - 2023

Day	Club Name	Year Groups	Extra Information				
Mondays	Streetdance	Year 1 – Year 6	Finishes at 4.20pm				
		24 places	Runs for 5 weeks; starting Monday 18 <sup>th</sup> September 2023 until Monday 16 <sup>th</sup> October 2023 inclusive.				
			Taught by an experienced instructor, you will learn a variety of dance moves and skills whilst creating your own dance routines.				
Wednesdays	Science Club	Year 3 – Year 6	Finishes at 4.20pm				
		14 places	Runs for 4 weeks; starting Wednesday 20 <sup>th</sup> September 2023 until Wednesday 11 <sup>th</sup> October 2023 inclusive.				
			During this club you will be given the opportunity to be crazy scientists and perform a variety of fun & interesting experiments!				
Wednesdays	Tennis Club	Year 3 – Year 6	Finishes at 4.20pm				
		25 places	Runs for 6 weeks; starting Wednesday 13 <sup>th</sup> September 2023 until Wednesday 18 <sup>th</sup> October 2023 inclusive.				
			This club will be run by Mrs Clifton and you will learn a range of tennis skills & techniques.				
Thursdays	Macramé & Cross Stitch	Year 2 – Year 6	Finishes at 4,20pm				
		10 places	Runs for 6 weeks; starting Thursday 14 <sup>th</sup> September 2023 until Thursday 19 <sup>th</sup> October 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 tout more and will be cent to n	grouts to confirm that	October 2023 inclusive.  This club will be run by Mrs Wall and will create your own small themed				

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 1 - STREETDANCE Child's Name\_\_\_\_\_ Class\_\_\_\_\_ I confirm that I will be collecting my child at the end of the club. $\Box$ Date\_\_\_\_ Signed (Parent/Guardian) Emergency contact number \_\_\_\_\_ ..... Autumn Half-Term 1 - SCIENCE CLUB Child's Name\_\_\_\_\_ Class\_\_\_\_\_ I confirm that I will be collecting my child at the end of the club. $\Box$ Signed \_\_\_\_\_ (Parent/Guardian) Date Emergency contact number \_\_\_\_\_ \_\_\_\_\_\_ Autumn Half-Term 1 - TENNIS CLUB Child's Name\_\_\_\_\_ Class\_\_\_\_\_ I confirm that I will be collecting my child at the end of the club. $\Box$ Signed \_\_\_\_\_\_ (Parent/Guardian) Date\_\_\_\_\_ Emergency contact number Autumn Half-Term 1 – MACRAMÉ & CROSS-STITCH Child's Name\_\_\_\_\_ Class\_\_\_\_\_ I confirm that I will be collecting my child at the end of the club. $\Box$ Signed (Parent/Guardian) Date Emergency contact number \_\_\_\_\_

Personal Details												
First Na	me				Last Name							
Address					Post Code							
Daytime Telephone					Evening Telephor	_						
Mobile Telephone					Date of Birth				Class and Year			
(Please circ	le one)	Male	Female		School Atte	nded						
Emergency Contact Details												
Name 1			Relationship to child		Tele Nur		one er					
Name 2			Relationship to child				one er					
		Medical	Information / I	Behav	iour / Disabi	lity						
(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 Cons	sent (tick a	as appropriate)	Cons	sent					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 m	embers of	the local press being	invited to take p	oicture	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								,				
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	e)		will be	collec	eted							
(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												