

After School Clubs

Affiliated with Wirral Children's University

Stacey Shaw BA Hons, P.G.C, L.L.A.M

07790 336 909

stacey-shaw@live.co.uk

Drama Club

Each workshop has an achievement aim; the class is divided into three sections:

1. **Move and Feel** – Physical work, mime and movement and games
2. **Listen, Speak, Sing** – Poems, songs, tongue twisters, character voices and accent work
3. **Create and Imagine** – Improvisation, character thoughts and imagination exercises

Thursday's for years 1-3 and Friday's for years 4-6
3.30pm-4.30pm

Dance Club

Each workshop has an achievement aim. The classes will incorporate a mixture of dance styles including: Street Dance, Hip Hop and Cheerleading

Thursday's for years 1-3 and Friday's for years 4-6
3.30pm-4.30pm

Keyboard Club

Children will be encouraged to read and play simple sheet music as well as discover that 'keyboards' are FUN! The classes will incorporate: Simple scales, Sight reading, Simple theory tasks and experimenting with different sounds and rhythms!

Thursday's for years 1-3 and Friday's for years 4- 6
12.30pm-1.00pm

Clubs will run for 5 weeks starting the second week of term

- **Dance / Drama Club** cost £15.00 12th/13th January – 16th/17th February
- **Keyboard Club** cost £7.50 for 12th/13th January – 16th/17th February

Please sent payment into school with the completed registration form overleaf in order to secure your child's place. Cheques can be made payable to Mrs .S. Shaw. Please text no. above for direct transfer options.

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Registration Form

Thank you for enrolling your child on the **After School Clubs**. The safety and well being of the children is our top priority. Please take a minute to complete this form and hand it in at the school office.

Clubs (please tick appropriate box/boxes)

Infant Drama (Thursday) Infant Dance (Thursday) Infant Keyboards (Thursday)
Junior Drama (Friday) Junior Dance (Friday) Junior Keyboards (Friday)

Your Child

Name:	
Gender:	DOB:
School:	School Year:

Parent/Carer

Name:	
Address:	
Phone No:	Mobile No:
Email:	

Other Adults authorised to collect your child

Name:	
Phone No:	Mobile No:

Health and other matters

If your child has any allergies, needs any medication on a permanent basis, has a disability, must not eat particular foods or there are any other factors regarding your child which you think we need to be aware of, please ensure that the details appear below:

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Consent of Parent/Carer to emergency medical treatment

I confirm that the above information is correct and give my consent to any emergency medical treatment necessary during the **After School Club** activities in the event of staff being unable to contact me.

Signed:	Dated:
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