

# After School Clubs

*Affiliated with Wirral Children's University*

Mrs .S. Shaw BA Hons, P.G.C, L.L.A.M

**07790 336 909**

stacey-shaw@live.co.uk

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## 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

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## 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

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## 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

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- **Drama Club** 2<sup>nd</sup>/3<sup>rd</sup> March – 30<sup>th</sup>/31<sup>st</sup> March £15.00 (5 sessions @£3.00)
- **Keyboard Club** 2<sup>nd</sup>/3<sup>rd</sup> March – 30<sup>th</sup>/31<sup>st</sup> March £7.50 (5 sessions @£1.50)
- **Dance Club** after the Easter break

Please sent payment into school with the completed registration form overleaf in order to secure your child's place. Cash must be in a clearly marked envelope. Please text Mrs Shaw on the number above for direct bank 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:

|  |
|--|
|  |
|--|

### 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:**