

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 **27th / 28th April – 25th / 26th May**
- **Keyboard Club** cost £7.50 for **27th / 28th April – 25th / 26th May**

Please sent payment into school with the completed registration form overleaf in order to secure your child's place. 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: |
|----------------|---------------|