

After School Clubs

Affiliated with Wirral Children's University

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

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

- **Drama / Dance Club** cost £15.00 (5 sessions @ £3.00) 18th / 19th Jan – 15th / 16th Jan 2018
- **Keyboard Club** cost £7.50 (5 sessions @£1.50) 18th / 19th Jan – 15th / 16th Jan 2018

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:

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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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