

# After School Clubs

*Affiliated with Wirral Children's University*

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

**07790 336 909**

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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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- **Dance / Drama Club** cost £18.00 for 6 sessions **8<sup>th</sup> / 9<sup>th</sup> June – 12<sup>th</sup> / 13<sup>th</sup> July**
- **Keyboard Club** cost £9.00 for 6 sessions **9<sup>th</sup> / 9<sup>th</sup> June – 12<sup>th</sup> / 13<sup>th</sup> July**

Please send 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)

Yr1 - 3 Drama (Thursday)       Infant Dance (Thursday)       Infant Keyboards (Thursday)

Yr4 - 6 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.

<b>Signed:</b>	<b>Dated:</b>
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