



Spring Term 2019 FUN FRENCH CLUB at Garden Fields School

Name of club: **Fun French Club**
 Year Groups: **Year 1**
 Day: **Tuesday**
 Start Time/End Time: **12.30 – 13.00**
 Location: **Osprey Room**
 Contact: **Julie Deacon: cf.deacon@ntlworld.com tel 01727 763540**
 Name/Email/Number:
 Cost: **£55** (11 weeks @ £5 per session) NB This is the cost for current members. For new members the cost is **£65** to include £15 subscription, downloadable CD and access to our interactive website Babelzone worth £69. Please note the first week will be a free trial and payment is not required until after this taster class).
 Payment Details: **Cash/Cheque made payable to "Julie Deacon"**

Reception, Yr1 & Yr 2 Parents; please note that children must be supervised by an adult at the end of school and before and after school club starts.

Overview of club dates (in **RED & BOLD**) SPRING TERM 2019

1 st half term	Mon	Tue	Wed	Thurs	Fri
Wk 1	INSET DAY	8th Jan	9 th Jan	10 th Jan	11 th Jan
Wk 2	14 th Jan	15th Jan	16 th Jan	17 th Jan	18 th Jan
Wk 3	21 st Jan	22nd Jan	23 rd Jan	24 th Jan	25 th Jan
Wk 4	28 th Jan	29th Jan	30 th Jan	31 st Jan	1 st Feb
Wk 5	4 th Feb	5th Feb	6 th Feb	7 th Feb	8 th Feb
Wk 6	11 th Feb	12th Feb	13 th Feb	14 th Feb	15 th Feb
HALF TERM					

2 nd half term	Mon	Tue	Weds	Thurs	Fri
Wk 7	25 th Feb	26th Feb	27 th Feb	28 th Feb	1 st March
Wk 8	4 th March	5th March	6 th March	7 th March	8 th March
Wk 9	11 th March	12th March	13 th March	14 th March	15 th March
Wk 10	18 th March	19th March	20 th March	21 st March	22 nd March
Wk 11	25 th March	26th March	27 th March	28 th March	29 th March
Wk 12	1 st April	2 nd April	3 rd April	4 th April	5 th April
END OF TERM					

Other information

Our French sessions are designed to be fun, with lots of activities to give the children natural exposure to a new language. We have special classes for French celebrations so the children can learn about the culture of France as well as the language. By submitting this form I agree to my details being used in sole connection with the intended enquiry.

Please complete the permission slip and return to the School Office with payment in an envelope marked with your child's name and club name. **Spaces will be allocated on a first come first served basis.**

Name of club: **Yr 1 FRENCH CLUB**

Child's name:

Year group: _____ Class: _____

Name of parent/carer: _____ Email address of parent/carer: _____

Emergency contact number: _____

Special Educational Needs: _____

Medical conditions/allergies: _____

Please contact me to discuss my child's medical needs and arrangements for their medicine. Please tick if required.

- I understand that it is my responsibility to ensure that my child remembers to attend the club and I will make every effort to inform the club leader if my child is unable to attend. Please tick
- I give permission for my child to make his/her own way home at the end of the club (YEAR 6 CHILDREN ONLY) Please tick