



Summer Term 2019 **FUN FRENCH CLUB** at Garden Fields School

Name of club: **Fun French Club**
 Year Groups: **Year 3&4**
 Day: **Thursday**
 Start Time/End Time: **12.55 – 13.25**
 Location: **Osprey Room**
 Contact: **Julie Deacon: cf.deacon@ntlworld.com tel 01727 763540**
 Name/Email/Number:
 Cost: **£55 (11 weeks @ £5 per session)**
 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	Bank Holiday	Inset Day	24 th April	25th April	26 th April
Wk 2	29 th April	30 th April	1 st May	2nd May	3 rd May
Wk 3	Bank Holiday	7 th May	8 th May	9th May	10 th May
Wk 4	13 th May	14 th May	15 th May	16th May	17 th May
Wk 5	20 th May	21 st May	22 nd May	23rd May	24 th May
HALF TERM					

2 nd half term	Mon	Tue	Weds	Thurs	Fri
Wk 6	3 rd June	4 th June	5 th June	6th June	7 th June
Wk 7	10 th June	11 th June	12 th June	13th June	14 th June
Wk 8	17 th June	18 th June	19 th June	20th June	21 st June
Wk 9	24 th June	25 th June	26 th June	27th June	28 th June
Wk 10	1 st July	2 nd July	3 rd July	4th July	5 th July
Wk 11	8 th July	9 th July	10 th July	11th July	12 th July
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 note there is a waiting list for this club.

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: 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. <input type="checkbox"/>	
<ul style="list-style-type: none"> • 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 <input type="checkbox"/> • 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 <input type="checkbox"/> 	