



Spring Term 2020 **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: **£50 (10 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 an after school club starts.

Overview of club dates (in **RED & BOLD**) SPRING TERM 2020

1 st half term	Mon	Tue	Wed	Thurs	Fri
Wk 1	Inset Day	Inset Day	8 th Jan	9 th Jan	10 th Jan
Wk 2	13 th Jan	14th Jan	15 th Jan	16 th Jan	17 th Jan
Wk 3	20 th Jan	21st Jan	22 nd Jan	23 rd Jan	24 th Jan
Wk 4	27 th Jan	28th Jan	29 th Jan	30 th Jan	31 st Jan
Wk 5	3 rd Feb	4th Feb	5 th Feb	6 th Feb	7 th Feb
Wk 6	10 th Feb	11th Feb	12 th Feb	13 th Feb	14 th Feb
HALF TERM					

2 nd half term	Mon	Tue	Weds	Thurs	Fri
Wk 7	24 th Feb	25th Feb	26 th Feb	27 th Feb	28 th Feb
Wk 8	2 nd March	3rd March	4 th March	5 th March	6 th March
Wk 9	9 th March	10th March	11 th March	12 th March	13 th March
Wk 10	16 th March	17th March <small>No after school Clubs</small>	18 th March	19 th March <small>No after school clubs</small>	20 th March
Wk 11	23 rd March	24th March	25 th March	26 th March	27 th March
Wk 12	30 th March	31 st March	1 st April	2 nd April	3 rd 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 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 – SPRING TERM 2020**

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