



Spring Term 2020 FUN FRENCH CLUB at Garden Fields School

Name of club: **Fun French Club**
 Year Groups: **Year 2**
 Day: **Wednesday**
 Start Time/End Time: **12.30 – 13.00**
 Location: **Pine 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 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	8th Jan	9 th Jan	10 th Jan
Wk 2	13 th Jan	14 th Jan	15th Jan	16 th Jan	17 th Jan
Wk 3	20 th Jan	21 st Jan	22nd Jan	23 rd Jan	24 th Jan
Wk 4	27 th Jan	28 th Jan	29th Jan	30 th Jan	31 st Jan
Wk 5	3 rd Feb	4 th Feb	5th Feb	6 th Feb	7 th Feb
Wk 6	10 th Feb	11 th Feb	12th Feb	13 th Feb	14 th Feb
HALF TERM					

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