**Chenies School Clubs – Summer Term 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tick** | **Club Provider** | **Day & Time** | **Dates** | **Cost**  | **Payment Method** |
|  | **Recorder** Year 2-6 | **Monday**Lunchtime |  | Free | Booking via the office**Pls sign & return this form to the office** |
|  | **Perform4Schools**KS1 & KS2 | **Monday**3.15pm – 4.15pm | 17.04 – 17.0710session | £8 per session(max 15 places) | [See](https://bilinguasing-south-bucks-school-clubs.class4kids.co.uk/term/11/Chenies%2BAfter%2BSchool%2BSpanish%2BClub%2BSpring%2B2019%2B%25283.15%2B-%2B4.15%2529) club flyer on our websiteBooking via the office**Pls sign & return this form to the office to secure your child’s place as it is a first come first serve basis** |
|  | **Multi-sports**Year R - 6 | **Tuesday**3.30pm - 4.30pm | 18.04 – 18.07 | See flyer**(max 16 places)** | Please contact the Provider direct:[See](https://bilinguasing-south-bucks-school-clubs.class4kids.co.uk/term/11/Chenies%2BAfter%2BSchool%2BSpanish%2BClub%2BSpring%2B2019%2B%25283.15%2B-%2B4.15%2529) club flyer on our website**Pls sign & return this form to the office** |
|  | **Activity Club****(board games, construction etc)**Year R – 6  | **Tuesday**3.15pm – 4.15pm | 18.04– 18.07 | £3 per session**(max 15 places)** | Booking via the office**Pls sign & return this form to the office to secure your child’s place as it is a first come first serve basis** |
|  | **Football**Year R - 6 | **Wednesday**3.15pm - 4.15pm | 24/4 – 10/0711 session |  | Please contact the Provider direct:<http://www.first-touch-football.co.uk/>**Pls sign & return this form to the office** |
|  | **Total TKD**Year R - 6 | **Thursday**3.15pm – 4.15pm |  | £7.50 per session | Please contact the provider direct:<http://www.totaltkd.org/>**Pls sign & return this form to the office** |
|  | **Chenies Movie Makers Club** | Friday3.15pm – 4.15pm | 5/12/19 May 9/16/23/30 June7 July | £3.50 per session | Booking via the office**Pls sign & return this form to the office** |

CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I consent to my child attending the above chosen clubs

 I have paid directly to the Provider

 I understand if there is insufficient numbers the clubs may not run

 I would like to discuss further support for my child to attend a club

**PARENTS SIGNATURE**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_