

After School



Mini Artists Painting Club

This club is delivered by a specialist art teacher. Each week you focus on a new painting theme, using different techniques, learning about famous artists and creating your own masterpieces!

Starts: Every Monday from 3rd March to 24th March (4 Sessions)

When: After School from 3.15pm to 4.15pm

Cost: FREE

School Year Groups: Y1 and Y2

PLACES ARE LIMITED

Please complete the registration form and return it to school by Friday 7th February.

You will receive notification via MCAS if you have been allocated a place or not.

If you have any questions or require further information, please see school reception or alternatively call John Bell on 07494749226



shutterstock.com · 2209276821



Personal Details

| | | | |
|-----------------------------|-------------|--------------------------|--|
| Child's First Name | | Child's Last Name | |
| Address and Postcode | | | Name of Club Mini Artists March 25 Years 1 and 2 |
| Date of Birth | | | Class and Year |
| (Please circle one) | Male | Female | School Attended Rawmarsh Ashwood |

Emergency Contact Details

| | | | | | |
|---------------|--|------------------------------|--|-------------------------|--|
| Name 1 | | Relationship to child | | Telephone Number | |
| Name 2 | | Relationship to child | | Telephone Number | |

Medical Information / Behaviour / Disability

(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.

Consent

| General Consent (tick as appropriate) | Yes | No |
|---|-----|----|
| I consent to my child having his/her picture taken for promotional/website purposes | | |
| I consent to members of the local press being invited to take pictures of my child | | |
| In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present | | |

Can you please confirm who will collect your child after the activity

Student name _____

Will be collected by (name of the person who will be picking them up)

Signed: _____ **Date:** _____

Name: _____ **Relationship to child** _____