

Dear Parent/Carer,

I would like to invite your Son/Daughter to sign up to the **Autumn Term Boundless Dance Club** at **Carlisle Infant School:** Years 1 & 2. The club will run every **FRIDAY** from Friday 20th September to Friday 13th December 2019 8am-8.45am* (excluding half term). *Please note I will take the children to class after the session.

Either way, if your child is new to the Arts or has plenty of experience then please sign them up for a fun and enjoyable time with Boundless Dance. We aim to expand your child's knowledge through games, performance and having a great time! Comfortable clothing shall be required for the sessions and a bottle of water; some children also bring a snack (nothing containing nuts) to have after the class.

Places for this club will be allocated to those who return their form and payment the quickest. If you are not successful this time your name will be added to our reserve list and if a place becomes available during the term you will be contacted.

PRICE: The whole term is £60.00 (£5 per session).

VENUE FOR CLASS: The Main Hall.

COLLECTION: The children will be taken to their class after the session.

<u>TO BOOK:</u> Please complete the form and return to the school office or by email ASAP; payment details can be found adjacent. Please note this club fills up very quickly.

Any questions please do ask.

Kind regards,

Lee Harvey Robinson (Founder of Boundless)

INSTAGRAM: BoundlessArts **FACEBOOK:** facebook.com/BoundlessDanceCompany



PAYMENT: I enclose payment of £60.00

FOR PUBLICITY:

PARENTS NAME:

SIGNED:

DATE:

CARLISLE INFANT SCHOOL -Friday Morning Club-

My Son/Daughter wishes to sign up to the **AUTUMN TERM** Boundless Dance Club every **FRIDAY** from 20th September to 13th December 2019 @ 8am-8.45am (excluding half term).

Cash, Cheque (Mr L. Robinson) or, Bank Transfer: Please email info@boundlessdance.co.uk for these details.

| NAME OF CHILD: | | CLASS: | |
|---|--------------------------------------|--------------------|----------|
| EMERGENCY CONTACT NAME: | | D.O.B OF CHILD: | |
| EMERGENCY CONTACT NUMBER: | | | |
| E-MAIL ADDRESS: | | | |
| MY CHILD WILL BE COLLECTED BY: | | | |
| MEDICAL DETAILS INCLUDING EPI PEN INFORMATION: | Please attach details if applicable. | | |
| I GIVE PERMISSION FOR IMAGES/VIDEOS OF MY CHILD TO BE USED BY BOUNDLESS | | | Yes / No |

*The Boundless Company asks that any person(s) wishing to cancel with Boundless must do so in writing. Upon receiving the document Boundless will act accordingly and if feasible offer a refund of any future classes that will not be attended. Please note this may take 48-72 hours to be sanctioned.

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