



Dear Parents and Carers,

19th July, 2021

Re: AUTUMN TERM: Tuesday, 7th September, 2021 to Tuesday 7th, December, 2021 (3:20 – 4:20pm)

Hello and welcome back!

My name is Natalie Batchelor and I run the Chaos Art Club. The club was first established in September 2004 in East Dulwich and has been running since September 2006 in Beckenham. We run a number of classes in different schools within the Borough. We are delighted to run our art club again at Clare House.

At Chaos our aim is to facilitate individual creativity and confidence. It seeks to promote the importance of developing a personal approach to drawing, painting, 3D and sculpture moving away from the idea that there is one correct way of achieving an outcome. All creativity is important as it fuels imagination, develops dexterity creating transferable motor skills. At Chaos we explore different subjects which enhances topical understanding as well as exploring the work of other artists both historical and contemporary.

The club will run for 12 weeks beginning on Tuesday, 7th September 2021 to Tuesday 7th December, 2021 between 3:20pm and 4:30pm for both key stages . The cost of the club will be £102.00. The dates for the club are as follows:

September: 7th, 14th, 21st and 28th

October: 3rd and 12th

HALF TERM 18th - 29th OCTOBER

November: 2nd, 9th, 16th and 23rd

December: 2nd and 7th Last Day of Term

Please note payments should be made by bank transfer to:

Bank: Halifax

Reference: CH your child/children name

Account No: 01366905

Sort Code: 11-01-10

PLEASE ENSURE YOU HAVE FILLED OUT OUR HEALTH DECLARATION FORM WHICH INCLUDES A COVID-19 QUESTIONNAIRE. PLEASE RETURN VIA EMAIL TO CONFIRM YOUR CHILD/CHILDREN PLACE AT ART CLUB

If you have any further questions, please do not hesitate to contact me on 07952 270 911 or email me at chaosclub2@tiscali.co.uk.

Yours sincerely,
Natalie Batchelor

CHAOS ART CLUB

**HEALTH DECLARATION FORM - CLARE HOUSE PRIMARY SCHOOL
SEPTEMBER 2021- DECEMBER 2021 AUTUMN TERM**

Name of Club:
Child's Name and Year Group:
Date of Birth:
Emergency contact details Tel No:
Email:
Address:

COVID-19

In the past 7/14 days have you or any member in your household:

Developed a new persistent cough?	Yes/No
Developed a temperature over 37.8c or a fever	Yes/No
Developed an altered or loss of taste or smell	Yes/No
Travelled from a different country in the last 14 days?	Yes/No
Are you or a member of your household self-isolating?	Yes/No
Are you or a member of your household COVID vulnerable?	Yes/No
Do you have COVID-19 or awaiting a COVID-19 test?	Yes/No

Health Details: Does you child have:

ASTHMA	YES/NO	ECZEMA	YES/NO
EPILEPSY	YES/NO	DIABETES	YES/NO

Allergies:

Details of Medication:

Dietary requirements:

Is there any other information you feel we should know about your child?

In the unlikely event of your child having to be taken to hospital in an emergency during a club session every effort will be made to contact you in order that the normal parental consent may be given for treatment. In the case of our being unable to contact you, do you authorise the instructor/Club Leader to give consent to such treatment as advised by the hospital doctor YES/NO

PLEASE ALSO NOTE THAT FOR A COPY OF OUR GDPR please email cha-osclub2@tiscali.co.uk

SIGNED _____(PARENT/CARER)