Dear Parents and Carers,

Re: AUTUMN: THURSDAY 24TH SEPTEMBER 2020, TO THURSDAY 10TH DECEMBER, 2020

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 an art club at MVPS. Our club welcomes all children from Reception to Year 6.

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 10 weeks beginning on THURSDAY, 24TH SEPTEMBER 2020 to THURSDAY, 10TH DECEMBER. The costs of the club will be £80.00. The dates for the club are as follows:

Sept: 24th
Oct: 1st, 8th and 15th
Nov: 5th, 12th, 19th and 26th
Dec: 3rd and 10th last day of term

Please note payments should be made by bank transfer, ONE WEEK BEFORE THE START OF TERM to:
Bank: Halifax
Reference: MVPS 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 ONE WEEK BEFORE CLASS TO CONFIRM YOUR CHILD/CHILDREN PLACE AT ART CLUB.

If you have any further questions, please do not hesitate to contact me on 020 8650 9497 or email me at chaosclub2@tiscali.co.uk.

Yours sincerely,
Natalie Batchelor
CHAOS ART CLUB
HEALTH DECLARATION FORM - MVPS PRIMARY SCHOOL
SEPTEMBER 2020- DECEMBER 2020 AUTUMN TERM

Name of Club:
Child’s Name:
Date of Birth:
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 chaosclub2@tiscali.co.uk

SIGNED__________________________________________(PARENT/CARER)