

Wednesday 28<sup>th</sup> September 2021

Dear Parent/Carer,

**Harmonium After-School Club**  
**Monday 3.00pm - 4.15pm in the Divan Hall**

We are delighted to announce that Mrs J Kaur will be running Harmonium lessons for our pupils. She is an experienced music teacher and also teaches Punjabi and Seva Studies lessons at our school. We hope to start this club on Monday 4<sup>th</sup> October 2021 at a cost of £5 per session to run for 8 weeks. (Please note Monday 22<sup>nd</sup> November is TTD).

You can pay on Parent Pay as a one-off payment of £40 for the full 8 sessions until the end of term. We kindly request all payments are received before the first lesson commences. You will be notified by text if the club is cancelled at least 24 hours in advance and a refund for the cost of the lesson will be issued.

The aim of the club is to promote traditional Sikh Raag (music) through Gurmat Sangeet (Kirtan) and pupils will learn how to play the harmonium and learn Shabad (hymn). We are planning to hold the sessions in the Divan Hall so children must cover their heads and remove their shoes. The school has 10 new Harmoniums in school that pupils may use during the lesson.

The organisation of the club will be in line with our school's COVID-19 Risk Assessment. In order to maintain social distancing, we can only offer 10 places per club night on a first come, first served basis. If you would like your child to join the club please complete the consent form below and return it to the school office by 09:00am Friday 1<sup>st</sup> October 2021.

Thank you.

Yours sincerely,

*Mrs. P. Kaur*

Faith Lead Teacher

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Please complete as necessary and return to the school by Friday 1<sup>st</sup> October 2021.

Name of Child: \_\_\_\_\_

Class/Form: \_\_\_\_\_

I give permission for my child, named above, to take part in Harmonium playing after school club at Seva School starting w/c Monday 4<sup>th</sup> October 2021 for 8 weeks at £5 per session. (Please note Monday 22<sup>nd</sup> November is TTD)

I agree to pay £40 on Parent Pay by Friday 1<sup>st</sup> October 2021

My child has a medical condition/takes medication for the following:

\_\_\_\_\_

I give consent to first aid treatment that may be considered necessary.

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Signed name of Parent/Carer:

\_\_\_\_\_

Printed name of Parent/Carer:

\_\_\_\_\_

Date: \_\_\_\_\_