

Friday 8th July 2022

Dear Parent/Carer,

Harmonium After-School Club Fridays 3.15pm - 4.15pm

I am delighted to share that I will be running Harmonium classes over the autumn term. The success of these classes and the feedback from students has been highly positive. Each session costs £5 and you can pay on Parent Pay with a one-off payment of £50 for the full 10 sessions until the end of term.

The Harmonium club will start on Friday 16th September 2022. The last session will be on Friday 9th December. Please note there will not be a club on Friday 21st October as it is a Teacher Training Day. You will be notified by text if the club is cancelled at least 24 hours in advance or on the same day if in an emergency. A refund for the cost of the session will be issued.

The aim of the club is to promote and master the skill of learning to play the Harmonium to accompany a harmonium. Students will have the opportunity to join in kirtan (hymns in Panjabi). The classes will take place in the Divan Hall so students will be asked to remove their shoes and cover their heads with a head scarf.

We can only offer 20 places on a first come, first served basis. If you would like your child to join the club please complete the consent form attached and return it to the school office by Tuesday 19th July 2022.

Thank you.

Yours sincerely,

Jo Kaur and T Kaur

Music Teachers

Harmonium After-School Club Fridays 3.15pm - 4.15pm

Please complete as necessary and return to the school office by Tuesday 19th July 2022.

Name of Child: _____

Class/Form: _____

I give permission for my child, named above, to take part in Harmonium Club at Seva School starting Friday 16th September 2022 up to and including Friday 9th December. The club will run for 10 sessions until the end of the autumn term.

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

Emergency Contact Name: _____

Emergency Contact Number: _____

Please tick the following:

- I have paid a contribution of £50 on Parent Pay.
- I give consent to first aid treatment that may be considered necessary.

Signed name of Parent/Carer:

Printed name of Parent/Carer:

Date: _____