REF ZS

Date 10.5.23

Dear Parent/Carer

**East Ayrshire Summer Schools**

**William McIlvanney Campus, Kilmarnock, 24-28 July 2023**

I am delighted to be able to take this opportunity to inform you about this year’s East Ayrshire Summer Schools. **This Year we will be running 3 different summer schools and you can sign up to only one of these as they will be taking place at the same time**:

* Dance Summer School (P4-P7 & S1-S6)
* Parkour Summer School (P6-7)
* Creative Music Making Sessions (P4-7)

Each day will begin at 10.00 a.m. and finish at 3.00 p.m. On the Friday afternoon there will be a joint performance at 1.30 p.m. in the Assembly Hall to showcase to family and friends what has been achieved during the week.

The course will be based at William McIlvanney Campus and participants should bring a packed lunch each day. No previous experience or specialist clothing is necessary; enthusiasm and comfortable clothing are adequate.

There are limited places available on this course with the participants divided into groups according to age, experience and friendship-groups where possible.

This year’s course is being co-ordinated by Zara Smith, Cultural Co-ordinator, Dance and Movement and all sessions will be taken by highly qualified and experienced artists. To ensure maximum benefit for everyone, it is anticipated that the usual high standards of behaviour expected in our schools will be displayed. The Summer School is subsidised by East Ayrshire Council and Remembering Together greenspace scotland, however, there will be a non-refundable administration charge of £25.00 per child (£20 for siblings) for the entire week, which should be paid through Parentpay to secure your child’s place. Once we receive your form an invoice will be sent out to arrange payment by the end of June. Pupil’s entitled to FSM will be free.

Please note, each applicant must be able to make their own transport arrangements. If you would like to apply for a place on this course for your child, please complete all of the below forms; **application, medical, photo permission** by Monday 19 June 2023 and email them to [zara.smith1@eastayrshire.org.uk](mailto:zara.smith1@eastayrshire.org.uk). Confirmation emails will be sent out the end of June.

**Dance Summer School (P4-P7 & S1-S6)**

Dance Summer School is an amazing week where participants will learn a variety of dance styles, including hip-hop and Jazz working with experienced and inspirational dance instructors. The week will culminate in a show for family and friends.

**Parkour Summer School (P6-7)**

There are only 15 places available on this summer school, working with the incredibly talented and experience Parkour artist, Scott Houston. It will be an awesome week. It is hoped by the end of the project the young people involved will have developed a greater sense of self and feel challenged, motivated, inspired and improve additional skills which can be adapted to other aspects of their lives.

We are confident that your child will be taught to a standard to enable them to perform their moves safely by a qualified and competent instructor. However, you should be clear when granting permission for your child to be involved in this project, that undertaking Parkour is challenging and even with careful planning and supervision, there is a risk of injury, albeit low.

**Creative Music Making Sessions (P4-7)**

Do you like to sing or write songs, play the guitar or keyboard or fancy being in a band?

Whether you play an instrument or a beginner, this is a fantastic opportunity to learn how to use your creativity to write songs. Our sessions are great fun as we provide you with the basic tools to write and perform your own songs in whatever style you prefer.

There is a song inside everyone and we can't wait to hear yours.

**Application forms due Monday 19th June.**

**Return all completed forms to** [**zara.smith1@eastayrshire.org.uk**](mailto:zara.smith1@eastayrshire.org.uk)

Yours sincerely,

**Z Smith**

Zara Smith

Cultural Coordinator, Dance & Movement

Creative Minds Team

**East Ayrshire Summer Schools**

**William McIlvanney Campus, Kilmarnock, 24-28 July 2023**

Pupil’s name: ..................................………. School attended: ........................................……..

Address: ......................................……. Date of birth: ................................................……..

......................................…….

Post Code ......................................……. Primary/Secondary year: .........................……..

(i.e. P7, S1 etc **AFTER SUMMER HOLIDAYS**)

**Tel No**: ............................................……… **Parent’s email**:…………………………………….

Current Dance/Music Activities-if any

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Previous Dance/Music Experience- if any (Please include dates, types of dance and teacher.)

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**Which Summer School are you applying for? Please tick.**

|  |  |
| --- | --- |
| **Dance- 90 Spaces** |  |
| **Parkour-15 Spaces** |  |
| **Creative Music Making-15 Spaces** |  |

**Return Completed forms to** [**zara.smith1@eastayrshire.org.uk**](mailto:zara.smith1@eastayrshire.org.uk)

**PTOEast Ayrshire Summer Schools**

**William McIlvanney Campus, Kilmarnock, 24-28 July 2023**

EAST AYRSHIRE COUNCIL PARENTAL CONSENT FORM

Pupil's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Details of Journey / Event

I agree to my son/daughter ............................................................................... (name) taking part in the above-mentioned activities and, having read the information sheet, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

1. Medical Information
2. Does your son/daughter suffer from any conditions requiring medical treatment, including medication?

If YES, please give brief details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? If YES, please give brief details.

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1. Is your son/daughter allergic to any medication? If YES, please specify.

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(d) Has your son/daughter received a tetanus injection in the last five years? YES/NO

(e) Please outline any special dietary requirements of your child.

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I undertake to inform Zara Smith as soon as possible of any change in the medical circumstances between the date signed and the commencement of the rehearsals.

1. Declaration - please note that it is vitally important that the information below is completed with as many contacts as possible.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I may be contacted by telephoning the following numbers:

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not available at home, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, address and telephone number of family doctor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PTO**

**East Ayrshire Summer Schools**

**William McIlvanney Campus, Kilmarnock, 24-28 July 2023**

|  |  |
| --- | --- |
| **Pupil’s Name:** |  |
| **School:** |  |

I agree/do not agree to my son/daughter having his/her photograph taken/filmed for educational publicity purposes and educational records.

*(Please delete as appropriate)*

|  |  |  |
| --- | --- | --- |
| **Signed:** |  | ***(Parent/Guardian)*** |
| **Print Name:** |  |  |
| **Date:** |  |  |

Kind Regards,

**Zara Smith**

Cultural Coordinator, Dance & Movement

Creative Minds Team

**Return all completed forms to** [**zara.smith1@eastayrshire.org.uk**](mailto:zara.smith1@eastayrshire.org.uk)