Run and taught by Marta Montenegro, native Spanish speaker and qualified teacher trained to teach Spanish as a foreign language.

...Why? Amazing and numerous benefits of learning another language:
- Brain Growth
- Improved Problem Solving
- Better Memory
- Improved Attention Span
- Higher Scores at Standardised Tests
- Faster Thinking
- Increased Creativity
- Improved Listening Skills

...Who? For Y3-6 children with Spanish as a first language or the ability to understand/speak Spanish in a familiar context.

The club aims to give children an opportunity to grow their confidence and ability to speak, read, write and comprehend Spanish; also to deepen their knowledge of Spanish culture. Small group (max 12).

...How? We will use a range of learning techniques: songs, audiovisuals, crafts, role plays, games, group dynamics and a bit of grammar.

...Where? At WPPS - 2B Classroom

...When? Wednesday 3.30-4.30pm

...Cost £108 per term - 12 classes from 8th Jan -1st Apr 2020
Please pay by Cash or Bank Transfer quoting 'child’s name' and 'Club'.
Sort Code: 40 02 44 / Account Number: 72625849

Marta Montenegro’s details
montenegro_marta@yahoo.com/ 07517041306
PLEASE EMAIL OR TEXT ME IF SOMEONE ELSE IS PICKING UP YOUR CHILD

Spanish Club (Yrs. 3-6) ADVANCED

Booking Please fill this section and return to the school office together with Cash (if applies).

CHILD’S NAME ............................................................................................................................................................................

CLASS/YEAR AND AGE ..................................................................................................................................................................

ADDRESS ....................................................................................................................................................................................

E-MAIL ........................................................................................................................................................................................

PARENT’S NAME ...........................................................................................................................................................................

TEL No: ........................................................ TYPE OF PAYMENT...........................................................

MEDICAL INFORMATION (allergies, asthma, etc) ........................................................................................................................

PARENT/CARE’S SIGNATURE .......................................................... DATE ..............................................................

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