...Why? Amazing and numerous benefits of learning another language:

- Brain Growth
- Improved Problem Solving
- Better Memory
- Improved Attention Span
- Faster Thinking
- Increased Creativity
- Improved Listening Skills
- Higher Scores at Standardised Tests
- Increased Creativity
- Improved Listening Skills

...Who? For Y3-6 children with little or no previous exposure to Spanish.

The club aims to teach children (in small groups) the basics of speaking, listening, reading and writing in Spanish and give them an introduction to the Spanish culture.

...How? We will use a range of learning techniques: songs, audiovisuals, crafts, role play, games, group dynamics among others.

...Where? At WPPS - French Room

...When? Tuesday 3.30-4.30pm

...Cost £108 per term - 12 classes from 7th Jan -31st Mar 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) BEGINNERS

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 .................................................................