

Darnhall Primary School  
Sandyhill Road  
WINSFORD  
Cheshire  
CW7 1JL



Telephone: (01606) 593315

Headteacher: Sarah Tomlinson B.Ed (Hons), N.P.Q.H.  
Deputy Headteacher: Sarah Williams B.Mus, P.G.C.E, N.P.Q.M.L.  
Assistant Headteacher: Natasha Mulholland B.A Hons



24th May 2019

Dear Parents and Carers,

As you know the children have been having dance lessons with Naomi Christmas and Olivia Crank from Elite Performers. We are holding 'Disney' themed dance shows in July and we really hope you can come along. Please read the letter carefully for the various arrangements.

**TUESDAY 2<sup>nd</sup> JULY – Two shows at Winsford Academy for Reception to Year 6**

Show times are 11:45am and 2:00pm  
Ticket Price: £1 (Max 3 per family\*)

***N.B. There is no space for babies or toddlers sorry and we cannot offer a crèche at the Academy. Breastfeeding mothers are an exception.***

Children will need a packed lunch in disposable packaging and labelled water bottle. Children will be transported by coach to the Academy and need to come to school wearing their plain black leggings or plain black shorts with a school top. They will need to be collected at 3pm from the Academy.

**TUESDAY 9<sup>th</sup> JULY- Two shows in our school in the Key Stage 2 Hall for Little Ladybirds, Apple & Reception**

Show times are 10am and 2pm  
Ticket Price: £1 (Max 3 per family\*)

**There is no space for babies or toddlers but we can provide a crèche – book at the school office.**

*\*Reception parents please note you can have 3 tickets for either date or a combination of both dates.*

We ask for a £1.50 contribution for the costumes. Every children needs either plain black leggings or plain black shorts. All long hair must be tied back and no jewellery will be allowed.



**PAYMENTS FOR THE TICKETS AND COSTUMES SHOULD BE IN CASH.** Payments for a school meal should be made on our Parent Pay system.

We hope you enjoy watching the children perform!

Kind regards

Sarah Tomlinson  
Headteacher

---

**REPLY SLIP FOR DISNEY DANCE SHOWS – RETURN ONE PER FAMILY WITH THE CORRECT CASH PAYMENT BY TUESDAY 11<sup>th</sup> JUNE 2019**

Name of child(ren): \_\_\_\_\_

Class(es): \_\_\_\_\_

I give permission for my child (ren) to take part in the Dance shows for their year group

I give permission for my child (ren) to be photographed and filmed by Darnhall Staff during this event. These images may be shown on our school website and Facebook page.

I give permission for my child (ren) to have face paint

I will provide my child's packed lunch (Reception to Year 6 only)

My child (ren) need a school made packed lunch (cheese/ham) and if there is a charge I will pay via ParentPay

I have enclosed £1.50 per child towards costumes

I have enclosed my ticket money

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

**Ticket request: - 3 maximum in total per family £1 per ticket**

Tuesday 2 <sup>nd</sup> July 2019 at The Academy	Number of Tickets requested
11:45am SHOW	
2:00pm SHOW	

Tuesday 9 <sup>th</sup> July 2019 at our school	Number of Tickets requested
10:00am SHOW	
2:00pm SHOW	



**ONLY TO BE COMPLETED FOR RECEPTION TO YEAR 6 CHILDREN**

FORM 'C'

PARENT / GUARDIAN CONSENT FOR AN EDUCATIONAL VISIT

Name of Child ..... Class .....

Details of visit to: **DISNEY DANCE SHOW at Winsford Academy**

Date of visit: 2<sup>ND</sup> JULY 2019

Leaving School at: 9am **Collect from the Academy** at: 3pm

I agree to my child taking part in this visit  
I have read the information sheet I agree to ..... 's  
participating in the activities described.  
I acknowledge the need for ..... to behave  
responsibly throughout the visit.

Medical information about your child

- a] Any conditions requiring medical treatment, including medication?  
YES/NO If YES, please give brief details:  
.....
- b] Please outline any food or other allergies and special dietary requirements of  
your child:  
.....
- c] Any recent illness or accident staff should be aware of?  
.....
- d] When did your son/daughter last have a tetanus injection:  
.....

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency  
dental, medical or surgical treatment, including anaesthetic or blood transfusion, as  
considered necessary by the medical authorities present. I understand the extent  
and limitations of the insurance cover provided.

Emergency contact telephone number for the day of the visit:

Name of Contact: .....

Work: ..... Home .....

Signed..... Date.....

Full Name [capitals] .....

