**Natalie Woods School & AB Dance Studios**

**School / parent, Carer Agreement.**

**Covid -19**

Please read the important below and complete the attached slip. This must be brought to your child’s first lesson. This must be handed in to the class teacher at drop off. Please note we cannot accommodate your child without this signed agreement.

**Our Promise to you.**

**Natalie Woods School & AB Dance Studios will:**

* Provide an environment which has been Risk Assessed in the light of governmental and LA guidance.
* Ensure that all staff, instructors, and assistants who are working at the school are healthy in respect of Covid-19 and that they will be tested if they, or anyone in their household, display symptoms.
* Ensure that the building is cleaned daily and thoroughly in line with government guidance.
* Ensure that signs are clear around the studios to help adults and parents maintain social distancing.
* Ensure that children are encouraged to wash their hands regularly.
* Ensure staff, instructors and assistants know, understand, and follow all school guidance about the new ways of teaching.
* Organise class groupings to follow government guidance about safe group sizes.
* Organise the timetable to reduce possible contact between different groups of children and between adults. This may include children dancing on coloured spots at a distance away from another child.
* Contact parents/carers if your child displays symptoms of Covid-19 whilst in our care.
* Inform you if either a member of staff or a child in your child’s group, tests positive for Covid-19 and provide you with the latest Public Health England advice.
* Place children’s health and well-being at the centre of our work.
* Continue to apply our behaviour policy.
* Regularly update you about the current situation at the school and any changes that need to be made to our current arrangements.
* To provides a safe, comfortable, positive, friendly teaching environment in which our pupils can participate and enjoy all the benefits that dance can bring.

**Parents/Carers will:**

* Only bring their child to classes if they are well and there is no-one in our household who is self-isolating because they think they have Covid-19.
* Encourage children to wash their hands before leaving home and when they come home.
* Follow the social distancing expectations when in the vicinity of school e.g. drop off and pick up of your child.
* Ensure that your child arrives at school and is collected at the designated times. (Please see our face book / website page for the current timetable.)
* Contact the school via email and telephone rather than approaching the main desk. 0161 431 5262 / 07904 624 984 / info@nataliewoods-theatreanddance.co.uk
* Collect your child promptly if they develop symptoms of Covid-19.
* Ensure your child wears clean dancing uniform for each daily session and hair is in a bun for all syllabus classes or tied back for none-syllabus classes.
* Will ensure your child arrives for class and ‘ready to dance’ and to bring to the school the relevant shoes needed for each class. No Excessive baggage as changing rooms will be temporarily closed.
* Help to prepare your child for the new routines at the studios including.
* Increased levels of handwashing.
* Parents/carers dropping off and not waiting in our waiting rooms during lessons.
* Only using equipment /props that have been provided by the school.
* Make sure that your child does not bring any toys from home.
* Make sure your child does not bring excessive baggage to classes.
* Please ensure a named water bottle is brought to lessons and taken home after each lesson.
* Let the school know if your child has any anxieties about returning to classes.

**As a child, they will be encouraged to:**

* Wash hands regularly and whenever they are asked to.
* Learn to wash hands for 20 seconds using soap and water.
* Use tissues when sneezing or coughing, or when these are not available cough/sneeze into elbow.
* Tell an adult if they feel unwell.
* Leave any equipment at home e.g. cuddly toys and dancing bags.

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**IMPORTANT INFORMATION ON SOCIAL DISTANCING**

It is sometimes completely impossible for us to do our jobs safely, correctly and minimising the risk of injury without some physical contact.

We use hands on correction during ballet and modern sessions to help adjust posture and during Acro classes, hands on help is needed to perform movements safely. We will try our best to minimise this as much as possible but please be aware this sometimes cannot be helped.

This also applies if your child is hurt or upset. It is in our nature to be caring and compassionate towards your children. Again, we will be actively try to socially distance from your children but this will not always be possible.

**Re-opening Consent Form.**

**Please print clearly.**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent / Guardian have read the letter titled

School / Parent, Carer Agreement Covid -19.

* I acknowledge the need for obedience and responsible behaviour on my child’s/children’s part throughout the period of attendance and the need for him/her to take special note of any health & safety instructions whilst in our care.
* I am satisfied that all reasonable care will be taken of my child and that adequate staffing, the cleaning of all studios and equipment and other insurance and safety measures have been put in place.
* I agree and acknowledge, that there will be some hands on contact and correction during classes to promote the safe practice of teaching.
* I acknowledge, that sometimes with younger children who are upset or hurt, social distance is not always possible.
* I as a parent will ensure that I will comply with the drop off and pick up procedures and will follow the social distancing expectations when I am in the vicinity of school e.g. drop off and pick up of my child
* I understand that my child will not be able to participate unless this form has been returned and completed in full.
* I consider my child to be medically fit to participate.

The person to contact in case of an emergency is:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Mobile telephone for main communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email for all future correspondants:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following medical conditions that you should be aware of (e.g. asthma, seizures, migraines, epilepsy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I will inform the school should any of the above information change by the event date.**

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

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