

AAA Club – Grade 1 to 6

Timing: 1:50 pm to 3:20 pm (Lunch 1:50 pm to 2:05 pm) (Each activity is conducted twice a week)

Charges: Dhs. 315/ - per month per activity (inclusive of VAT)

AAA Coordinator : Mr. Geoffrey Blaqueire (050-2047819) Email: geoffrey.b_gls@gemsedu.com

A minimum of 10 enrolments is required for any activity to be conducted, seats are limited. Children need to bring change of clothes and extra tiffin with them on activity day. Enrollments should be done one week before the date of joining. Fees will be collected for the full calendar month irrespective of the date of joining. Fees are required to be paid before 10th of every month. In case student wishes to discontinue, then discontinuation form must be submitted before start of the new month to avoid fees charges. Fees once paid will not be refunded. For inquiries related to coaching, please contact the respective activity in-charge. For any further inquiries, please contact the AAA coordinator. * **Please note that full month charges will be applicable if the student attends the AAA club for two days or more.**

Choose any one activity and tick. Kindly contact coordinator if two activities are required.

Days: Every Sunday & Wednesday			Days: Every Monday & Thursday		
Activities	In-charge	Contact No.	Activities	In-charge	Contact No.
Keyboard/ Guitar	Mr. Akai	054 5002421	Badminton	Mr. Sunil	050 7176681
Communication & Public Speaking	Ms. Prajakta	050 9646241	Football	Mr. Arun	056 4602023
Cricket	Mr. Paramjit	055 6316872	Brain O Brain (Abacus)	Ms. Mona	050 6787326
Dance	Ms. Aishwarya	055 3502784	Lego & Robotics		
			Basketball	Ms. Dhanya	050 2980165
Space Technology Once a week for Grades 3 to 6 (Please call 050 2047819 for more details)					

Regards,



Asha Alexander

Principal

Executive Leader - Climate Change

ENROLMENT FORM

I would like to enroll my ward for the AAA Club.

Name of the Activity Opted (1) _____ (2) _____

Name of Student: _____ Grade: _____ Section: _____

Computer No. : _____ Age : _____ Date of Joining: _____

Bus No.: _____ Drop off point: _____

Any health concerns with the child: NO: YES: If Yes, please specify: _____

Parent Name: _____ Contact No. _____

Email: _____ Signature: _____