 May Half Term Application Form 2018

Please indicate which weeks you would like with a cross. If you would like just single days, please requested in the same week row but in the days column.

|  |  |  |
| --- | --- | --- |
| Weeks | Please cross | Single day requests |
| 29th May Only only | X |  |
| 29th to 30th May 2018 |  | Tuesday and Wednesday Only |

**For Example:**

**WEEKS/DAYS REQUIRED**

|  |  |  |
| --- | --- | --- |
| Week | Please cross | All week requests |
| 29th May to 1st June 2018 |  |  |

8.00am – 6.00 pm Monday to Friday

£25 per day or £90.00 Per four day Week(As it is a Bank Holiday week) includes all activities, outings, breakfast and a hot home-cooked early evening dinner. Please note you will need to provide your child with a packed lunch and plenty of water. Please ensure you have provided good footwear, warm clothing. Once your application has been accepted you will receive an invoice and confirmation by email.

Payment will be required in advance by BACS only. Your child will not be accepted if payment has not been made.

Please return form to [karenpalmerccc@gmail.com](mailto:karenpalmerccc@gmail.com)

*Any information you provide on this form will be held securely and in confidence.*

Child’s Details

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| What they like to be called: |  |
| Date of Birth : |  |
| School they attend: |  |
| First Language: |  |
| Any other languages spoken: (include sign-languages) |  |

Are you applying for places for any additional children?

**Yes / No** (delete as appropriate)

If Yes, please write their name(s) below and fill in separate application form for each child

|  |  |
| --- | --- |
| Name |  |
| Name |  |

# Parents/Guardian/Carer Details

|  |  |
| --- | --- |
| **Person 1** |  |

|  |  |
| --- | --- |
| **Person 2** |  |
| Relationship to child: |  |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Home Address: |  |
| Work Address: |  |
| Daytime Telephone: |  |
| Evening telephone: |  |
| Mobile telephone: |  |
| Email address: |  |

# Alternative Emergency Contact Details (please provide the details of at least one person we can contact if we are not able to get hold of you)

|  |  |
| --- | --- |
| **Person 1** |  |
| Relationship to child: |  |
| Name: |  |
| Home Address: |  |
| Work Address: |  |
| Daytime Telephone: |  |
| Evening telephone: |  |
| Mobile telephone: |  |
| Email address: |  |

|  |  |
| --- | --- |
| **Person 2** |  |
| Relationship to child: |  |
| Name: |  |
| Home Address: |  |
| Work Address: |  |
| Daytime Telephone: |  |
| Evening telephone: |  |
| Mobile telephone: |  |
| Email address: |  |

# Details of Child’s Doctor

|  |  |
| --- | --- |
| Name of Doctor |  |
| Address: | Telephone: |

**About your Child**

|  |
| --- |
| Please detail any additional/special needs your child has: (please provide full details) none |
| Please detail any medical needs your child has: (please provide full details, if medication is needed an additional medication form will need to be completed) |
| Please detail any allergies your child has: (please provide full details) |
| Please detail any dietary requirements for your child: (please provide full details) |
| What are your child’s favourite activities? |
| Is there anything your child doesn’t like (particular foods, games etc) or is scared of? |
| Any additional information: |

**Off-site activities**

We will take the children on outings. Do you give permission for your child to participate in such activities? **Yes / NO**

*Please note we assume that you give permission for your child to visit the Telegraph Hill parks and do not count these as outings.*

I consent for my child to attend The Children’s Creative Community Club; I understand that the club has policies and procedures and that there are expectations and obligations relating to both the club and myself and my child and agree to abide by them.

I give permission for a trained member of staff to administer appropriate first aid if required.

I give permission for The Children’s Creative Community Club to seek any necessary emergency medical advice or treatment in the event that my child is involved in a serious accident. I expect to be contacted immediately on the above telephone numbers.

Late collection of my child may result in a charge of £5 for every 10 minutes after 6.00pm. I understand that persistent late or non-payment of fees may jeopardise my child’s continued place. In an emergency I will ring the club.

I confirm that the information given on all forms is correct and agree to notify the club staff of any changes in detail.

I understand that all the club’s policies will apply to The Children’s Creative Community Club, including Child Protection and Data Protection.

I understand that the information given on this registration form is confidential.

I have read and accepted the above conditions for my child attending The Children’s Creative Community Club holiday play scheme.

Signature of Parent/Carer/Guardian:

PLEASE TYPE YOUR NAME ABOVE - YOU CAN SIGN A PAPER COPY LATER IN THE APPLICATION PROCESS