

## February Holiday Club 2020

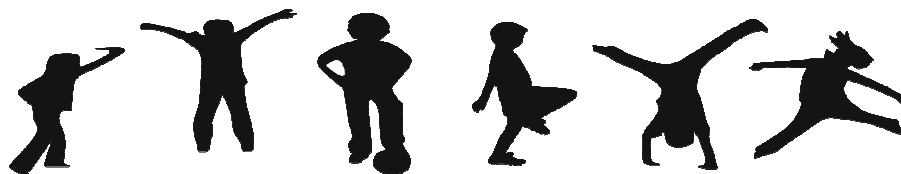
**PLEASE COMPLETE ALL THE FORMS. FULL PAYMENT WILL BE REQUIRED ALONG WITH COMPLETE FORMS TO SECURE A PLACE. PAYMENT IS NON REFUNDABLE.**

### NOTE TO ALL PARENTS/ LEGAL GUARDIANS

- ☀ This project is for children 8yrs +; we don't set an upper limit as you are the best judge as to whether your child might find it too "babyish" - (as a guide our upper age tends to be 14yrs).
- ☀ Our insurance doesn't cover children under 8 years. Please bring proof of Date of Birth e.g. Passport, Birth Certificate, Medical Card, Child Benefit or a letter from your school.



- ☀ Lunch is not provided. Please make sure your child brings a pack lunch and a water bottle with them (with name on).
- ☀ Any child leaving St John's Centre without consent from parent/guardian or not under supervision of staff, will no longer be our responsibility. We'll try to ensure your child returns, but we have to consider the welfare of others. We will inform you of your child's departure as soon as we can.
- ☀ We will not be responsible for the loss of valuables – leave them at home. We can lock phones in the office during the day for safety and give them back at home time, just ask.
- ☀ Bad behaviour will not be tolerated. We aim to make this an enjoyable experience for both workers and children. If we can't resolve an issue we will speak to parent/guardian.



- ☀ Wear suitable clothing - your child must be able to run around safely in their footwear. Clothes suitable for "sporty" and "arty" activities.
- ☀ Phone if your child can't make it on any of your days.
- ☀ If you are absent for 1 full day without contacting us, your space will be given to a child on the waiting list. You will lose your place for that week and your payment.
- ☀ There will be no refund of payments.

**OUR NUMBER IS 0161 872 7795**

*(Please leave a message if no one answers the phone, we might be busy but will get back to you.)*

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company no. 7597525



OFFICE USE ONLY	
FORM NUMBER	

## February Holiday Club 2020 BOOKING CONFIRMATION (OFFICE STAFF TO COMPLETE)

	CHILD 1	CHILD 2	CHILD 3
Tuesday 11 <sup>th</sup> February			
Thursday 13 <sup>th</sup> February			

### February Holiday Club 2020– (the GDPR bit)

#### Using your Information

When you complete our Summer School forms, we will use the information you have given us to contact you, or the child's other emergency contact, if it is necessary for the child's welfare.

We will also contact you with details of next year's Summer School.

#### Storing your Information

We will store your information securely, and delete it from our system 12 months after the end of the Summer School.

#### Sharing your Information

We will share your child's information with medical staff if it is necessary for your child's treatment.

We have a legal obligation to raise any safeguarding concerns, which may involve sharing your child's information with other agencies.

We give information to our funders about who benefits from our Summer School, but this does not include names or any other identifying details. Photographs of your child will only be used if you have given separate consent.

#### You have the right to:

- See what information we hold about you and your child;
- Correct the information if it is wrong;
- Stop us from keeping, using or sharing the information (unless legally required); and
- Change how we contact you.

If you would like to see the information we hold about you or your child, or change how we contact you, please contact Emma Wilton, our Data Protection Lead.

You can view our **Data Protection Policy**, which covers storage, use and sharing of your information, on our website [www.stjohnscentre.org](http://www.stjohnscentre.org), or ask a member of staff for a copy.

For more information about your rights under the EU General Data Protection Regulations, please visit the Information Commissioner's Office website [www.ico.org.uk/](http://www.ico.org.uk/).

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FORM NUMBER	

OFFICE USE ONLY	
AMOUNT PAID	
DATE	
STAFF SIG.	

**February Holiday Club 2020 PARENTAL CONSENT FORM**

*To be completed by the parent or legal guardian. If you have more than one child (maximum 3) attending please check you are given a **separate MEDICAL CONSENT FORM for each child.***

Our aim is to encourage self-confidence and enjoy time together. You can book your child/ren onto as many days as you want.

**Child/Children's name**

- 1 NAME.....Age..... M / F
- 2 NAME.....Age..... M / F
- 3 NAME.....Age..... M / F

Paying	Early Drop Off

**Please tick days required:**

	CHILD 1	CHILD 2	CHILD 3
Tuesday 11 <sup>th</sup> February			
Thursday 13 <sup>th</sup> February			

We will be taking photographs/video of the October Holiday Club that will be used for funders' reports, publicity (including websites) and future projects. Do you give consent for your child/ren to be included?  
YES NO (please circle the one that applies)

We use computers to play games, download pictures, surf the internet and produce displays. This will be done under supervision. Do you give consent for your child/ren to take part?  
YES NO (please circle the one that applies)

Are the children above allowed to walk home on their own? YES NO

Are the children above allowed to use henna and face paints? YES NO

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**February Holiday Club 2020 CONTACT INFORMATION**

A contact person must be available **at all times**, please ensure you give us the correct details as this can cause difficulties during the project.

1<sup>st</sup> contact in an emergency:- Name.....Relationship to child/ren.....  
Primary phone number.....Other number.....

2<sup>nd</sup> contact in an emergency:- Name.....Relationship to child/ren.....  
Primary phone number.....Other number.....

Home address of child.....  
.....

Your email address.....  
If you would like to receive text or email about future Summer Schools and events at St. John's Centre, please tick this box

In the unlikely event of an accident or illness needing immediate treatment, I agree to my child receiving First Aid from our appointed First Aid person and be referred to a Doctor/Nurse if necessary.

I undertake to inform Diane Browne (admin.) of any changes in medical circumstances from the date of signature until the end of the project. She will then inform the staff team if needed.

My child/children's doctor is .....

Name of surgery & phone no .....

We try to make sure children have a positive experience at Summer School. The following info helps us plan if children want to be in the same groups (but we can't guarantee it.)

School attending.....

Does s/he know other children coming to Summer School? Please give their name/s and relationship – e.g cousin / friend / classmate / neighbour (include travelling together)

.....

I understand if my child leaves the premises without consent I will be contacted. (Staff will try to ensure that your child returns to the Centre but do have to consider the welfare of others.)

**Signature of Parent or Legal Guardian** I have read all the documents attached and agree.

Signature ..... Date.....

Print your name.....

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**February Holiday Club 2020 MEDICAL CONSENT + INFORMATION**  
**ONE FOR EACH CHILD PLEASE**

**Name of child**.....**Child's date of birth**.....

**Medical Information**

Does your child/children suffer from any medical, physical, emotional or behaviour conditions which might affect his/her safety or the safety of others during the project. YES / NO

If yes, please give details.....  
.....

Is your child/children currently undergoing any form of medical or psychological treatment, including any medication YES / NO

If yes, please give details.....  
.....

Does your child have any allergies to food, paints etc (include touching foods) YES / NO

If yes please give details.....  
.....

Does your child have any dietary requirements (include food they won't eat) YES / NO

If yes please give details.....  
.....

Does your child have an up to date tetanus inoculation? YES / NO

If your child has been in contact with any infectious or contagious diseases or suffered from anything in the week before the summer school that might be, or become, infectious or contagious you must let staff know details. If they are sick please don't let them come for 48hrs. Consider others - remember children can pass on infections to others in the family who may be vulnerable – e.g. elderly or pregnant.

Your child might be involved in water based activities

Can your child swim 25m (one length of the pool) YES / NO

Is your child confident in the water YES / NO

For future funding it's useful to know what is your child's ethnicity? .....  
(you can chose not to answer this question – just put a cross)