WASPS Out of School Club Holiday Play Scheme

CHILD REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Full Name: | |  | | | | | | Age: |  | | Date of Birth: | |  |
| Home Address: | |  | | | | | | | | | | | |
| Ethnic Origin: | |  | | | | | | | | | | | |
| Which school does  your child attend? | |  | | | | | | | | | | | |
| Name of Parent/ Guardian | |  | | | Tel No:  Mobile No: | | | | | | | | |
| Name of Emergency Contact: | |  | | | Tel No:  Mobile No: | | | | | | | | |
| Email address: | | | | | | | | | | | | | |
| Are you happy to support WASPS going green and receive the majority of communication via email? | | | | | | | | | | | | **YES / NO** | |
| The above named child is allowed to leave only with their parent, guardian or persons listed here:- (please ensure that named persons can provide ID) | | | | | | | | | | | | | |
| **1.** | | | **2.** | | | | **3.** | | | | | | |
| Please supply a password that may be used in case of an emergency collection. | | | | | | | | | | |  | | |
| Doctor’s name: | | | | Surgery Address: | | | | | | | Tel No: | | |
| Please list any allergies |  | | | | | | | | | | | | |
| Please detail any phobias |  | | | | | | | | | | | | |
| Detail dietary requirements |  | | | | | | | | | | | | |
| Is your child taking any medication? | | | | | | **YES / NO** | | | | (If **YES**, please request and complete a separate medication form) | | | |
| Do you give permission for first aid to be administered in the event of an accident? | | | | | | **YES / NO** | | | | (If **NO**, please advise on preferred course of action) | | | |
| An ambulance will be called in the event of a serious accident. Do you have any medical preferences that you wish us to pass on to the hospital? | | | | | | **YES / NO** | | | | (If **YES** – please give details) | | | |
| When did your child last have a tetanus jab? | | | | | | | | | |  | | | |

In order to ensure the correct provision is made for your child, it is vital that you inform us of any relevant special needs information. Would you describe your child as having any of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Social Difficulties | **YES / NO** | Physical Difficulties | **YES / NO** | |
| Learning Difficulties | **YES / NO** | Communication Difficulties | **YES / NO** | |
| Hearing or Sight Difficulties | **YES / NO** | Medical Conditions | **YES / NO** | |
| If you answered **YES** to any of the above, please provide further information to help us assist your child. (Please continue on a separate sheet if necessary) | | | | |
| Do you give permission for the child to be face painted? | | | | **YES / NO** |
| Do you give permission for the child to be photographed or filmed and for these photos to be used by WASPS? | | | | **YES / NO** |
| Do you give permission for the child to go on a supervised activity in the local area on foot e.g. To the park, collect leaves for a collage? | | | | **YES / NO** |
| Do you give permission for observations to be completed on your child to aid their development and review our provision by WASPS staff? | | | | **YES/NO** |
| Do you give permission for staff and volunteers to carry out observations on your child to aid their professional development? (your child will be anonymous throughout) | | | | **YES/NO** |
| Parent/Guardian Signature: | | | | **Date:** |

**BOOKING FORM**

**EASTER PLAY SCHEME 2023**

**At Standon and Puckeridge Community Centre**

Prices are £13 per child for a half-day session and £25 per child for a full day session. For two or more children attending from the same family the cost will be £12 per child for a half-day session and £24 per child for a full day session. Children will need to bring their own packed lunch to eat at 12.30pm and snacks as appropriate during the day. Water will be made available throughout the day.

If you are interested, please complete and return the Booking Form and a Child Registration Form for each child you would like to attend the play scheme. Please return this with a **£5 deposit per child per day** required to secure your place ASAP. The remainder to be paid by 1st April 2023 at the latest otherwise your place will be made available to someone else and your deposit will not be returned.

PLEASE TICK AS APPROPRIATE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **08.00AM TO 1.00PM**  **Half Day – Morning Session** | **1.00PM TO 6.00PM**  **Half Day – Afternoon Session** | **08.00AM TO 6.00PM**  **Full Day Session** | **Total to Pay** |
| **MONDAY 3RD APRIL** |  |  |  |  |
| **TUESDAY 4TH APRIL** |  |  |  |  |
| **WEDNESDAY 5TH APRIL** |  |  |  |  |
| **THURSDAY 6TH APRIL** |  |  |  |  |
| **TUESDAY 11TH APRIL** |  |  |  |  |
| **WEDNESDAY 12TH APRIL** |  |  |  |  |
| **THURSDAY 13TH APRIL** |  |  |  |  |
| **FRIDAY 14TH APRIL** |  |  |  |  |

Name of Child/Children:……………………………………………………………………………………

………………………………………………………………………………………………………………….

I enclose a cheque/cash for the amount of ………………… to cover the deposit of the Easter Play Scheme. (Please make cheques payable to WASPS Out of School Club). Payment can also be made via various voucher schemes as we are Ofsted Registered or through BACS. Please ask for details.

I / We will pay the remainder amount of £………………….. by 1st April 2023 at the latest.

Signed by Parent/Carer: ……………………………………………………………………………………

Please return the registration and booking forms to a member of staff during the hours of 3.15 to 6.15pm (term time only) at WASPS Out of School Club, Standon and Puckeridge Community Centre, Station Road, Puckeridge. If you have any queries or need any more forms, please contact Nicola on 07904391133.