

HAMPSTEAD COMMUNITY CENTRE SUMMER PLAYScheme 2019 REGISTRATION FORM

Week 1: 29/07-02/08/19 at **St Mary's Primary School, Quex Road NW6 4PG**

Weeks 2-4: 05-22/08/19 at **Christchurch Primary School, Christchurch Hill NW3 1JH**

Ofsted Reg. EY262532 Reg. Charity 282089

78 Hampstead High Street London NW3 1RE 020 7794 8313 hampsteadcommunitycentre@btconnect.com

For full details including all Centre policies please refer to the Playcentre Handbook: www.hampsteadcommunitycentre.co.uk

Please use BLOCK CAPITALS

Child Details

First Name of Child: _____

Surname of Child: _____

Date of birth: _____ Age: _____

EYFS Form must be completed if your child is in Reception

School attended: _____

Female Male (please ✓)

Are you a resident of Camden? _____

What do you consider to be your child's first language? _____

Parent/Carer Details

Full Name: _____

If you are working or a student, where can we contact you?

Address: _____

Full Name: _____

Postcode: _____

Address: _____

☎ _____ Mobile _____

Postcode: _____

Email: _____

☎ _____ Mobile _____

Other adults authorised to collect your child from the Playcentre

Will anyone apart from Parent/Carer be collecting your child from the Playcentre? Yes No (please ✓)

If so, this must be a responsible person over 16, and you should give us details about them here.

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

☎ _____ Mobile _____

☎ _____ Mobile _____

Emergency contact

Please list members of the family/friends who may be contacted in the event of an accident or emergency. This person may also be contacted in the event of the non-collection of your child.

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

☎ _____ Mobile _____

☎ _____ Mobile _____

Children aged 8 and over

If you want your child to arrive and/or leave the Playcentre unaccompanied you must provide written consent.

Signed (as proof of consent): _____

Health/Personal Matters

It is essential that we know about your children's needs. Details about your child's health are completely confidential, and will not make any difference to your child's application to attend the Playcentre. However you MUST tell us your doctor's name, telephone number and address.

Name of Child's Doctor: _____ ☎ _____

Address: _____

You **MUST** answer the questions below. If you answer yes to any of them, fill-in the 'Personal Needs' form.

Does your child have any allergies? Yes No (Please ✓)

Does your child need any medication on a permanent basis? Yes No (Please ✓)

Does your child have a disability? Yes No (Please ✓)

Are there any foods your child must not eat for religious or other reasons? Yes No (Please ✓)

Is there anything else we should know about? Yes No (Please ✓)

Valuing Diversity

To ensure our service meets the need of Camden's diverse communities, it would be helpful if you could write below:
'The race/ethnic group I most identify my child with is':

Consent for Supervised Outings

The Playscheme organises outings by public transport, minibus or on foot. Trips have to be booked during the scheme at the trips desk (1 trip per child per week). Please let us know any activity that you do not wish your child to take part in:

.....
I give my consent for my child to participate in outings by public transport, minibus or on foot with the exceptions listed above and I understand that if consent is not given my child will not be able to go on a trip.

Parent/Carer Signature _____

Date _____

Booking Details

Please indicate clearly which service you want to apply for by ✓ the relevant boxes.

All weeks booked must be paid in full at time of application to secure your child's place.

Direct payments: NatWest: Account: 02817160 Sort Code: 50-30-03. Chq payable to: Hampstead Community Action Ltd.

Extended day 9am - 6pm

Children MUST NOT be picked up after 6pm – Late pickup PENALTY FEE applies

Week 1: July 29 - Aug 02:	*Low income: £70 <input type="checkbox"/>	Standard: £100 <input type="checkbox"/>	Non-resident: £200 <input type="checkbox"/>
Week 2: Aug 05 - Aug 09:	*Low income: £70 <input type="checkbox"/>	Standard: £100 <input type="checkbox"/>	Non-resident: £200 <input type="checkbox"/>
Week 3: Aug 12 - Aug 16:	*Low income: £70 <input type="checkbox"/>	Standard: £100 <input type="checkbox"/>	Non-resident: £200 <input type="checkbox"/>
Week 4: Aug 19 - Aug 22:	*Low income: £56 <input type="checkbox"/>	Standard: £80 <input type="checkbox"/>	Non-resident: £160 <input type="checkbox"/>

Core day 11am - 4pm

A PENALTY FEE will be charged for drop off/pick up outside of core day times

Week 1: July 29 - Aug 02:	*Low income: £50 <input type="checkbox"/>	Standard: £75 <input type="checkbox"/>	Non-resident: £150 <input type="checkbox"/>
Week 2: Aug 05 - Aug 09:	*Low income: £50 <input type="checkbox"/>	Standard: £75 <input type="checkbox"/>	Non-resident: £150 <input type="checkbox"/>
Week 3: Aug 12 - Aug 16:	*Low income: £50 <input type="checkbox"/>	Standard: £75 <input type="checkbox"/>	Non-resident: £150 <input type="checkbox"/>
Week 4: Aug 19 - Aug 22:	*Low income: £40 <input type="checkbox"/>	Standard: £60 <input type="checkbox"/>	Non-resident: £120 <input type="checkbox"/>

* Low income rate will **ONLY** be accepted with the low income letter from Camden Council

Free places: Children in need / with disabilities must be referred by Camden

Consent and Signatures of Parents/Carers

Please ✓ each box

- I understand the questions on the form and have given full replies to them.
- I know that if my child has special health or dietary needs I must also complete a 'Personal Needs' form.
- I understand that if my child is dropped off or picked up outside of booked times I will incur a penalty fee.
- I understand my child will need a packed lunch each day and that no sweets, fizzy drinks or nuts are allowed.
- I give my consent to any emergency medical treatment necessary during Playscheme activities and, therefore, authorise the Play staff to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment be necessary. This is provided every effort has been made to reach me and seek my permission, and that delay in treatment is likely to endanger the child's health or safety in the opinion of the doctor or hospital.
- I understand that there will be no refund for non-attendance or cancellations.

- I have enclosed the registration fee by cheque or cash.

OR

- I have paid the registration fee by direct payments/bank transfer/childcare vouchers (please email confirmation).

On occasion we take photos of children. If you do not want your child to be photographed please put a ✓ in the box

Parent/Carer Signature _____

Date _____

Please note: Your form will be returned if it is not filled in fully or if the registration fee is not enclosed or paid online.

STAFF USE ONLY

Health questions & consent checked Personal Needs Low Income Standard Non-resident

Amount Enclosed: £ _____

for

Play staff signature _____

Date _____

Personal Needs Form

Please use **BLOCK CAPITALS** for all your answers.

This form is to be used in **addition** to a Registration Form if there is extra information we need to know.

Childs Name _____

Allergies: If your child has any allergies, please give details _____

Disability: If your child has a disability. Please give details _____

Medication: If your child needs medication on a permanent basis, please give details:

Name of Medication	Amount of dose	Side effects of medication

If you require a Playworker to administer a dose authorisation must be given by the Senior Playworker.

Food: If there are any foods your child must not eat, for personal, medical or religious reasons, please tell us about them:

Any other information _____

Parent/Carer name _____ **Signed** _____ **Date** _____