

# HAMPSTEAD COMMUNITY CENTRE OCTOBER PLAYScheme 2020 REGISTRATION FORM

at the Community Centre 26 – 30/10/20 9am - 6pm

Ofsted Reg. 116323 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](http://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 ✓)

## Booking this year

This October we can offer 30 places in two bubbles of 15 children. Your child, as far as possible, will be placed in a consistent bubble with children from their school. Siblings will be in the same bubble. Places will be allocated on a first come first serve basis. If a child in a particular bubble becomes unwell, that child will be isolated and if the child tests positive for Covid-19 the whole bubble will have to isolate. If the bubble is unable to run and we have to cancel, you will receive a full refund for unused days (credit note if paid by childcare vouchers). Each bubble will be allocated specific playworkers who they will be with for the duration of the bubble.

### 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: Acct: 02817160 Sort: 50-30-03. Chq payable to: Hampstead Community Action Ltd**

### 26-30 October 2020

**Extended day 9 - 6** \*Low income: £70  Standard: £100  Non-resident: £200

**Core day 11 - 4** \*Low income: £50  Standard: £75  Non-resident: £150

\* 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**

### 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:'

### Covid secure:

- Increased hand washing
- Enhanced cleaning/disinfecting
- Booking restricted to bubbles
- Maximum 15 children per bubble - bubbles will not mix throughout the day
- Social distancing rule adhered to
- Parents/carers not allowed on site

**All policies and regulations will be updated according to the latest Government guidance.**

### Consent for Supervised Outings

Each bubble will get the chance to go to the Heath several times, to play games in the woods. The whole bubble will have to go together, so if you do not want your child to participate he/she will not be able to attend on that day.

I give my consent for my child to participate in the Heath outings:

**Parent/Carer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**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.**

# 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** \_\_\_\_\_