**HAMPSTEAD COMMUNITY CENTRE May ½ term PLAYSCHEME 2024 REGISTRATION FORM**

**The ½ term Playscheme will be based at the Community Centre: Tue28 - Fri31 MAY 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

***Please use*** **BLOCK CAPITALS and fill in all sections, thank you.**

**Child Details**

First Name of Child:

Date of birth: Age:

School attended:

Are you a resident of Camden?

# **Parent/Carer Details**

Full Name:

Address:

Postcode:

🕿 Mobile

Email:

Surname of Child:

Female **□** Male **□** (please 🗸)

What do you consider to be

your child's first language ?

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

Full Name:

Address:

Postcode:

🕿 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:

Address:

Postcode:

🕿 Mobile

Full Name:

Address:

Postcode:

🕿 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:

Address:

Postcode:

🕿 Mobile

Full Name:

Address:

Postcode:

🕿 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**

**This section has to be filled in, for us to accept the form \***

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’** section.

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 Details** Please indicate clearly which service you want to apply for by 🗸 the relevant boxes.

 Please check availability before making a direct payment, on: 02077948313

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

**Use Reference: MAY + Your child’s name**

**28 – 31 May 2024**

**Extended day 9 - 6 \*Low income: £60 □ Standard: £88 □ Non-resident: £176□**

**Core day 11 - 4 \*Low income: £44 □ Standard: £68 □ Non-resident: £136□**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\**** *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:*

Consent for Supervised Outings

The whole playscheme will get the chance to go to the Heath, to play games in the woods or go to Fitzjohn’s playground. 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/playground 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 healthy packed lunch and a water bottle each day and that no sweets, chocolates, fizzy drinks or nuts are allowed. If your child is on the extended day they might also need an afternoon snack.
* 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.
* I have paid the registration fee with child care vouchers (please email reference)
* I have paid the registration fee by direct payments/bank transfer (please email bank 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**  Please use **BLOCK CAPITALS** for all your answers.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_