charity no. 1146058 company no. 7597525



OFFICE USE ONLY		
FORM		
NUMBER		

## St. John's Summer School 2019

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.



\* This year as part of Trafford's Holiday Hunger scheme - we have 20 free places each day for children who have free school meals. Plus 20 places each day for children not on free school meals @ £7 per child (lunch included). If you have a fussy eater you can send in a packed lunch (no discount)



- \* Please make sure your child brings 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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## St. John's Summer School 2019 BOOKING CONFIRMATION (OFFICE STAFF TO COMPLETE)

WEEK 1	CHILD	CHILD	CHILD
	1	2	3
Mon 29 <sup>th</sup> Jul			
Tue 30 <sup>th</sup> Jul			
Wed 31 <sup>st</sup> Jul			
Thurs 1 <sup>st</sup> Aug			
Fri 2 <sup>nd</sup> Aug			
WEEK 1	CHILD	CHILD	CHILD
	1	2	3
Mon 12 <sup>th</sup> Aug			
Tue 13 <sup>th</sup> Aug			
Wed 14 <sup>th</sup> Aug			
Thurs 15 <sup>th</sup> Aug			
Fri 16 <sup>th</sup> Aug			

WEEK 2	CHILD	CHILD	CHILD
	1	2	3
Mon 5 <sup>th</sup> Aug			
Tue 6 <sup>th</sup> Aug			
Wed 7 <sup>th</sup> Aug			
Thurs 8 <sup>th</sup> Aug			
Fri 9 <sup>th</sup> Aug			
-			
WEEK 2	CHILD	CHILD	CHILD
WEEK 2	CHILD 1	CHILD 2	CHILD 3
WEEK 2  Mon 19 <sup>th</sup> Aug			
Mon 19 <sup>th</sup> Aug			
Mon 19 <sup>th</sup> Aug			

## **Summer School Privacy Notice** – (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, 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/.

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## **Summer School 2019 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.

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AMOUNT	
PAID	
DATE	
STAFF SIG.	

We offer 20 free holiday hunger places+ 20 at £7 per day per child. Mon - Fri, 10-3pm WK 1 = 29 Jul - 2 Aug, WK 2 = 5-9 Aug, WK 3 = 12-16 Aug; WK 4 = 19-23 Aug. We include chance to go on trips, (we may use public transport). Our aim is to encourage self-confidence and enjoy time together. You can book your child/ren onto as many days as you want.

Cł	nild	/Children's name	free school meal	paying
	1	NAME		
	2	NAMEAge M / F		
	3	NAMEAge M / F		

#### Please tick days required:

	1	1					
VEEK 1	Child 1	Child 2	Child 3	WEEK 2	Child 1	Child 2	
9 <sup>th</sup> July – 2 <sup>nd</sup> ugust	<b>✓</b>	<b>✓</b>	✓	5 <sup>th</sup> – 9 <sup>th</sup> August	<b>✓</b>	✓	
Mon				Mon			
Tues				Tues			
Wed				Wed			
Thurs				Thurs			
Fri				Fri			
WEEK 3	Child 1	Child 2	Child 3	WEEK 4	Child 1	Child 2	
12 <sup>th</sup> – 16 <sup>th</sup> August	✓	✓	✓	19 <sup>th</sup> – 23 <sup>rd</sup> August	<b>✓</b>	<b>✓</b>	
Mon				Mon			
Tues				Tues			
Wed				Wed			
Thurs				Thurs			
Fri				Fri			

We will be taking photographs/video of the Summer School 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)

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## Summer School 2019 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:- NameRelationship to child/ren
Primary phone numberOther number
2 <sup>nd</sup> contact in an emergency: - NameRelationship to child/ren
Primary phone numberOther 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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Name of child......Child's date of birth.....

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# Summer School 2019 MEDICAL CONSENT + INFORMATION ONE FOR EACH CHILD PLEASE

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?