**BOOKING FORM FOR October 2017 HOLIDAY PLAYSCHEME**

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Carer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **£10 per child per day** | **BOP****3-5 yrs****9am-3pm** | **BAPP Three****Ways 5-19yrs****9am – 3pm** | **Fosse Way****3-19 yrs****10am – 4pm** | **KIDS****5-19 yrs****9.30am-3.30pm** | **BAPP Hut****5-12 yrs****10am -3pm** |
| **23rd October 2017** |  |  |  |  |  |
| **24th October 2017** |  |  |  |  |  |
| **25th October 2017** |  |  | 9-12yr olds3-8yr olds |  |  |  |
| **26th October 2017** |  |  | 13-19yr olds3-8yr olds |  |  |  |
| **27th October 2017** |  |  | 13-19yr olds3-8yr olds |  |  |  |

**Please tick, circle or mark the days you would like to request a space for your child** and return both sides of the Booking Form *to the provider of that scheme*.

**Signed forms must be completed in addition to the Registration Form.**

**If you have used the playscheme before, please let us know of any changes.**

**Return Booking forms for BOP and BAPP to:**

 **BAPP, FREEPOST RSEH=ETJC-JUZG Odd Down Community Centre, Odins Road, Bath BA2 2TL or email to** **bookings@bathareaplayproject.co.uk**

**Return Booking forms for Fosse Way to:**

 **Hannah Jacobs Fosse Way School, Longfellow Road**

 **Radstock, BA3 3AL or email** **hjacobs@fossewayschool.com**

**Return Booking Forms for KIDS to:**

 **Dominic Mellor KIDS, Acorn House, Kingswood Estate, Britannia Road, Kingswood, Bristol, BS15 8DB.  0117 947 6111 (office)**

 **or email** **dominic.mellor@kids.org.uk**

**CLOSING DATE for Booking Forms to be received:**

 **1st October**

**Forms can still be returned after the closing date however allocations are started in the first week in October so parents/carers receive confirmation of dates as soon as possible.**

**Please do NOT send payment with your form.**

**Confirmation of places will be emailed out confirming the days you have been offered. Letters will only be sent if requested. Payment can then be made to secure your child’s place.**

**Where there is an additional cost for trips, further information will be given and payment can be made on the day of the trip or before, whichever is easier.**

**Your consent**

I give permission for my child/ren\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name/s)

to attend the holiday playscheme and to participate in all play and activities available including soft play, bikes, bouncy castle and visiting local parks. I understand that separate consent forms will be sent out for specific activities. I understand that playscheme staff cannot accept responsibility for children’s’ possessions or valuables.

I understand that Playscheme staff are able to share any concerns they might have in relation to Child Protection including Child Sexual Exploitation, grooming and the Prevent Duty which includes terrorism and extremism.

I consent to sharing information with any other professional working with my child as required

I further consent to any emergency treatment to be carried out in case of accident and that my child is the responsibility of playscheme staff.

Photographic/media consent is also given which can include social media and local press but no names are used.

Name of Parent/ Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_