Dear Parent,

Please find below a booking form for our October 2019 Playscheme provision. Please return all booking forms to brightbeginnings@leeds.ac.uk. **Please do not send to any other email address**.

Places will be offered on a first come first served basis. To avoid disappointment, please return this booking form by **Friday 20th September** (university staff and students have priority until this date).

Any cancellations will only be accepted up until to **Friday 27th September**, after which all sessions booked must be paid for in full regardless of attendance. This includes any bookings made after this date. The price per session is as follows:

Full Day = £30.00

Half Day = £15.00

Refunds cannot be given in cases of non-attendance. Fee schedules will be sent out by **Friday 4th October** at the latest.

Please note the deadline for payment for sessions booked is **Friday 11th October.**

**By placing this booking, you are agreeing to abide by the Centre’s policies and procedures which can be found on our website. Alternatively, if you would like to see copies of our policies and procedures please request these when placing your booking.**

**Please note your place will not be confirmed until the attached forms are completed and returned and payments has been received.**

Thank you.

Please tick the below to indicate which sessions you would like to book. For full days, please ensure you tick both the morning and the afternoon session.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday 28th October** | **Tuesday 29th October** | **Wednesday****30th October** | **Thursday 31st October** | **Friday 1st November** |
|

|  |
| --- |
| **Morning****8.00am-1.00pm** |

 |  |  |  |  |  |
|

|  |
| --- |
| **Afternoon****1.00pm-6.00pm** |

 |  |  |  |  |  |

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of staff or a student at the University of Leeds? **Yes / No**

Date Form Completed: .................................................................................................

**Playscheme Child Information Form 2019**

The Parent or Guardian of the child must complete the form prior to arrival at the centre. The information will be confidential to the Centre and stored on our systems. The following forms will be used in the case of your child requiring medical attention. They will be kept in the Centre Office and will be accessible at all times to the staff in the Centre. This information will be kept on file in accordance with retention periods set out in the Centre’s policy on Data Protection

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Known as | Date of Birth | Gender |
|  |  |  |  |
| Home Address: |
| Home Telephone Number : |
| Child’s Nationality : |
| Child’s Religion : |
| **Collection Authorisation / Emergency Contact Numbers in priority order INCLUDING PARENTS**  |
| **Name :** | **Relationship :** | **Contact Numbers :** | **Signature of Adult** |
| 1. |  | Mobile - |  |
| University Ext /Work - |
| Email - |
| 2. |  | Mobile - |  |
| University Ext /Work - |
| Email - |
| 3. |  | Mobile - |  |
| University Ext /Work - |
| 4. |  | Mobile - |  |

|  |
| --- |
| **Family Doctor’s Details** |
| Name: |  |
| Address: |  |
| Telephone: |  |

|  |
| --- |
| **General Information** |
| Illnesses/Hospital admissions (with dates) |
| Medical Conditions (e.g. eczema, asthma etc.) | Symptoms of/medication required: |
| Allergies | Symptoms of/medication required: |
| Is your child supported by any other service or professional? If so, in what capacity? |
| Is there any other information we should know about your child? |

You will be asked to complete separate forms for all medication on arrival at the Centre. Please note, all medication other than Liquid Paracetamol and Allergy medications **MUST** be prescribed by a doctor, dentist or nurse within the UK and **MUST** be brought to the centre in the original packaging with your child’s prescription. Please refer to the Centre’s administering medications policy.

**Please sign to confirm you agree to this information being kept on file until 31st July 2020.**

Signed by Parent /Legal Guardian: ……………………………………… Date: ……….…………

Name in full: ……………………………………………………………………..…………………………

**Playscheme Permissions and Consent Form**

|  |  |  |
| --- | --- | --- |
| **Medical Treatment** | **Yes** | **No** |
| In the event that I cannot be contacted, permission for my child to receive emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present. I understand that the General Manager may have to notify Social Services if my child has any unexplained injury or bruising. |  |  |
| Permission for infant paracetamol to be administered to my child when absolutely necessary. I understand that verbal consent will also be required at the time, prior to any medication being given. I will be asked to sign a medicine form to acknowledge that the medicine has been given. |  |  |
| **Face Painting** |  |  |
| I grant permission for my child to have their face painted (please note we only use branded / professional face paints). |  |  |
| **Nail Painting** |  |  |
| I grant permission for my child to have their nails painted. |  |  |
| **External Visits and Trips** |  |  |
| I agree to my child taking part in external visits and trips. I understand my child will be taken out of the Centre on short notice (e.g. visiting local park) and pre-arranged visits. I understand that these may involve using various types of transport, and give my permission for my child to use a range of modes of transport to access the activities provided. |  |  |
| I grant permission for my child to attend the allotment and engage in Forest School activities. |  |  |
| **Image Consent** |  |  |
| Consent to my child’s photograph/video image being used in Centre publications, such as presentations, newsletters and leaflets. |  |  |
| Consent to my child’s photograph/video image being used on the Centre’s website and social media networks (including where these appear in any material uploaded by the Centre). |  |  |
| Consent to my child appearing in the media, e.g. University Reporter, public newspaper and childcare magazine. |  |  |
| Consent to my child’s photograph/video image being uploaded to the Centre’s private online photo sharing account, for sharing images of special events in the Centre such as social events. |  |  |
| Consent to my child’s image being used by the Centre for the purposes specified above after they have left the setting (up to one year of their leaving). |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Name**  |  | **Signature** |  |
| **Relationship to child**  |  | **Date** |  |

**Packed Lunch Agreement**

At Bright Beginnings, we are committed to promoting healthy eating throughout the Centre and safeguarding children with food allergies. This includes packed lunches for our Playscheme children.

**These foods can be added to a healthy lunch box as often as you like:**

* Fruit and vegetables.
* Starchy foods such as bread, pasta, pittas, bagels, wraps etc. Try to include wholegrain varieties too.
* Meat, fish or sources of non-dairy protein (e.g. lentils, kidney beans, Quorn, chickpeas, hummus, eggs).
* Dairy food such as milk, cheese, yoghurt or fromage fraise.
* Oily fish such as salmon or sardines at least once every three weeks.
* Water is best for hydration throughout the day. Playscheme has a drinking fountain accessible at all times.

**These foods can included occasionally as part of a balanced packed lunch:**

* High salt or fat snacks such as crisps, snack-a-jacks, crackers etc.
* Small plain or fruit cakes such as scones, tea cakes or malt loaf.
* Plain biscuits, flapjacks or fig rolls.
* Processed meat products such as sausage rolls, pies, corned beef, pasties, Peperami or sausages.

**Packed lunches should NOT include any of the following:**

* Fruit juices, fizzy/sugary drinks in cartons, bottles or cans (including diet drinks and energy drinks which can contain high levels of caffeine and other additives which are not suitable for children)
* Confectionary such as chocolate bars, chocolate-coated biscuits and sweets
* Chocolate spread as a sandwich filling
* **Nut based products**

**Special diets and allergies**

We ask that parents and carers do **not** put any nut based products into their child’s packed lunchbox due to nut allergies in the Centre. The Centre recognises that some children may require special diets that do not follow the national food standards exactly. In this case, parents and carers are asked to make sure that packed lunches are as healthy as possible. For these reasons children are also **not permitted to swap food items**.

**Please sign to confirm you have read and will give consideration to the above packed lunch agreement.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent Name**  |  | **Signature** |  |
| **Relationship to child**  |  | **Date** |  |