

ENROLMENT FORM

Co-Ordinators: Shelley Smith 01844 290171 & Rachael Bamford 01844 295893

Playscheme takes place Monday 1st to Friday 5th August 2016

9.00 - 12 noon each day

ENROLMENT DATES FOR 2016

Community Infant SchoolTuesday 7th June3.10-3.25pmSt Mary's SchoolWednesday 8th June3.00-3.15pmJunior SchoolThursday 9th June3.20-3.40pm

This could be the last year of Playscheme-We Need You!!

Shelley and Rachael have been co-ordinating Playscheme for a number of years and feel it's time to hand over the 'Playscheme hat'.

We are looking for volunteers who are willing to work with us this year to plan

We are looking for volunteers who are willing to work with us this year to plan and organise Playscheme with a view to taking over from us in 2017.

Playscheme has been running for many, many years for the benefit and pleasure of our children but if nobody comes forward, then it may be the end of Playscheme.

If you'd like to get involved or would like any more information please do not hesitate to get in touch with either of us.



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CHILDREN AGED 5 TO 1	1 AT 31/8/16		CHILDREN AGED 5 TO	<u>11 AT 31/8/16</u>		
Please enrol the following child(ren) in the main 2016 summer Playscheme Child's Class / School			Please enrol the following child(ren) in the main 2016 summer Playscheme Child's Class / School			
						Enrolment fee is £22.50 per child for the whole week
NAME	D.O.B.	HEALTH PROBLEMS / ALLERGIES	NAME	D.O.B.	HEALTH PROBLEMS / ALLERGIES	
CHILDREN UNDER FIVE	AT 31/8/16		CHILDREN UNDER FIVE	AT 31/8/16		
I would like the followin helper days only (no ch	ng child(ren) to joarge).	oin the Under 5's Club <u>on my parent</u>	I would like the followi <u>helper days only</u> (no c	ng child(ren) to j harge).	join the Under 5's Club <u>on my parent</u>	
NAME	D.O.B.	HEALTH PROBLEMS / ALLERGIES	NAME	D.O.B.	HEALTH PROBLEMS / ALLERGIES	
PARENT HELPER			PARENT HELPER			
Parent SurnameForename		Parent Surname	Parent SurnameForename			
Address			Address			
Tel no	Mob	oile no	Tel noMobile no		bile no	
Email address:			Email address:	Email address:		
Medical details / allergies			Medical details / allerg	Medical details / allergies		
Alternative emergency contact name & number		Alternative emergency	Alternative emergency contact name & number			
TEENAGE HELPER			TEENAGE HELPER			
Surname	Forei	nameSchool Year	Surname	Fore	enameSchool Year	
Please attach contact o	details (if differe	ent from above).	Please attach contact	details (if differ	ent from above).	
Health problems / aller	gies		Health problems / alle	rgies		
Days available to help (Yrs 7 - 9 must coincide with parent helper)			Days available to help	Days available to help (Yrs 7 - 9 must coincide with parent helper)		

PEOPLE (OTHER THAN PARENTS) AUTHORISED TO COLLECT CHILD(REN)

NAME	RELATIONSHIP TO CHILD	TEL. NUMBER

ALL children MUST be signed out at the end of each Playscheme session.

	d to walk home alone must remain in the ed by a parent or authorised adult.	school ha
I give permission for my child(activities during the week.	ren) to take part in all the	YES/NO
In case of emergency, I give in given and/or my child(ren) to	my consent for medical treatment to be be taken to hospital and treated.	YES/NO
I give permission for my child((Under 8's must be signed out	ren) to sign themselves out by an adult)	YES/NO
I give permission for my child(WASP Club member of staff—it session of WASP Club (if applic	ren) to be collected by a f registered for the afternoon cable)	YES/NO NA *
I give permission for my child (for promotional purposes and	ren) to be photographed local advertising)	YES/NO
I have read the notes accom that I and my child(ren) will fo	panying the Enrolment Form and agree ollow the procedures listed.	
I enclose cash/a cheque* for £ including £5.00 late enrolment 1st July 2016.	in payment, t fee (per family) if enrolling after	
* Please delete as appropriate	·.	
All cheques should be made pa	ayable to Haddenham Playscheme.	
Receipts will only be issued fo	r cash payments.	
SIGNED	DATE	

Please complete the parent helper details overleaf. We ask parents to help for AT LEAST ONE SESSION PER CHILD ATTENDING.

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TEOLEE (OTHER THAN TAKE	113) AUTHORISED TO COLLECT CIT	<u>ILD(KLIY)</u>	
NAME	RELATIONSHIP TO CHILD	TEL. NUMBER	
ALL children MUST be signed out at the end of each Playscheme session.			
Children who are not allowed to walk home alone must remain in the school hall until collected by a parent or authorised adult.			

Children who are not allowed to walk home alone must remain in the school hall until collected by a parent or authorised adult.			
I give permission for my child(ren) to take part in all the activities during the week.	YES/NO *		
In case of emergency, I give my consent for medical treatment to be given and/or my child(ren) to be taken to hospital and treated.	YES/NO *		
I give permission for my child(ren) to sign themselves out (Under 8's must be signed out by an adult)	YES/NO *		
I give permission for my child(ren) to be collected by a WASP Club member of staff—if registered for the afternoon session of WASP Club (if applicable)	YES/NO/ NA *		
I give permission for my child(ren) to be photographed (for promotional purposes and local advertising)	YES/NO *		
I have read the notes accompanying the Enrolment Form and agree that I and my child(ren) will follow the procedures listed.			
I enclose cash/a cheque* for £ in payment, including £5.00 late enrolment fee (per family) if enrolling after 1st July 2016.			
* Please delete as appropriate.			
All cheques should be made payable to Haddenham Playscheme.			
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Please complete the parent helper details overleaf. We ask parents to help for AT LEAST ONE SESSION PER CHILD ATTENDING.

DATE

SIGNED_

** PARENT HEI PER SKILLS **

In order to ensure that Playscheme is a success we need helpers with a wide variety of skills and interests.

Please indicate below the mornings you are able to help (at least one for each child attending, all week if possible) and circle the type of activity you would like to help with from the list of some of the things we hope to offer.

Although we cannot guarantee that you will get your choice, we always do our best to accommodate your preferences.

I	MonTues	WedThurs.	FriA	ll week
	Art	Candle making	Clay Modelling	Cookery
	Hair & Nails	Face painting	Flowercraft	Glass painting
	Plastercasts	Jewellery	Junk modelling	
	Sport	Refreshments	Sandbottles	
	Sewing	Under 5's club	Woodwork	Any activity

YES/NO

YFS/NO

ADDITIONAL HELP REQUIRED

FIRST AID

Can you help with setting up on Sunday 31st July?	YES/NO
Can you help with clearing up from 12 noon on Friday 5th August (bring a picnic for the children)?	YES/NO
Can you pre-cut wood (which we supply) to specific sizes and shapes ready for the children to use in woodwork?	YES/NO

Do you have a current First Aid certificate?

Are you a qualified doctor or nurse?

******** WE NEED THE FOLLOWING ITEMS ***********

Coloured buttons, junk modelling materials, yoghurt pots, egg boxes, newspapers, wallpaper for covering tables, pebbles, comics & magazines, small glass jars or dessert pots, Pringle tubes, wrapping paper and any unwanted craft materials.

Please ensure all recycled containers are washed and ready to use.

If you have any questions, please contact:

Shelley Smith (01844 290171) or Rachael Bamford (01844 295893) shelleylouisesmith@hotmail.com rachael.bamford7@btinternet.com

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