

RAINBOW OUT OF SCHOOL CLUBS LTD

At Woodlands Primary School, Hunt Road, Tonbridge, Kent, TN10 4BB

Holiday Club Booking Form 2020

Please post to: Rainbow Out Of School Clubs Ltd, 54 Holly Bush Lane, Sevenoaks, Kent, TN13 3TL

Details of the Child:

Full Name of Child:

Address (Including Post Code):

Date of Birth:

Age of Child on 27th July 2020:

Name of School your child attends:

Gender:

Ethnicity:

Religion (if any):

Is English your child's first Language ?

If No, please specify:

Parent/Guardian Details:

Name (Including Title):

Contact Address (Including Post Code):

Mobile Number:

Work Number:

Home Number:

Email Address:

Name of any other persons who have parental responsibility (PR) or legal contact (LC) with your child:

Full Name (Including Title):

Relationship to Child:

Please specify PR or LC:

Contact Number:

Full Name (Including Title):

Relationship to Child:

Please specify PR or LC:

Contact Number:

Emergency Names and Telephones Numbers in Addition to the above:

Full Name (Including Title):

Relationship to Child:

Mobile Number:

Home Number:

Work Number:

Is this person authorised to collect your child? Yes: No:

Full Name (Including Title):

Relationship to Child:

Mobile Number:

Home Number

Work Number:

Is this person authorised to collect your child? Yes: No:

Doctor's Name:

Doctor's Address (Including Post Code):

Doctor's Telephone Number:

Additional Information:

Please inform us of the following information about your child.

Other agencies who are involved with your child (e.g. Family Liaison Officer or Social Services)

Details of any additional requirements including health issues, any medications being taken and whether emergency medical treatment could be required:

Details of any special dietary requirements, allergies and significant food and drink preferences:

Details of any additional requirements, including special educational needs and/or physical disabilities, any significant behavioural issues or any other information you wish to share:

Booking Details:

Dates: (tick all that apply):

Week 1: 27th July – 31st July 2020

Week 2: 3rd August – 7th August 2020

Week 3: 10th August -14th August 2020

Times & Prices Per Day (tick all that apply):

(Please specify if you require specific dates only)

<u>Price</u>	<u>TIMES</u>	<u>WEEK 1</u>	<u>TICK Week 1</u>	<u>WEEK 2</u>	<u>Tick Week 2</u>	<u>WEEK 3</u>	<u>Tick Week 3</u>
£4.50	BREAKFAST CLUB	7:30am – 9 am		7.30am – 9 am		7:30am – 9am	
£17.50	DAY CLUB	9am – 3pm		9am – 3pm		9am - 3pm	
£5.00	LATE AFTERNOON CLUB	3pm - 5pm		3pm - 5pm		3pm – 5pm	
£2.50	LATE PICK UP	5pm – 6pm		5pm – 6pm		5pm – 6pm	

Consent:

I give permission for my child's photograph to be taken:

Yes: No:

(Pictures may be used to display on noticeboard, photobooks, scrapbooks)

I give permission for a member of staff to administer an epipen or inhaler if required:

Yes: No:

I agree to a member of staff to apply sun cream to my child if required:

Yes: No:

I give permission for my child's details to be shared with other settings that they attend to help provide continuity of care and accurately track my child's learning and development:

Yes: No:

I agree to my child participating in the holiday club and understand the nature of the activities involved. In the event, that I, as parent/guardian, cannot be reached in an emergency when my child is at the holiday club, I agree to medical and dental treatment being given to my child. This may also include the administration of a general anaesthetic or surgical operation in the case of a medical emergency. Any such action will be in accordance with the recommendation of a qualified medical practitioner. I confirm that the details I have given on this form are correct to the best of my knowledge.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

I DO NOT agree with the medical declaration for the following reasons/medical care plan in place.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

PAYMENT: WE WILL SEND YOU AN INVOICE VIA EMAIL WITH PAYMENT DETAILS IN DUE COURSE. PAYMENT CAN BE MADE BY CHEQUE OR ONLINE. THANK YOU

Rainbow Out Of School Clubs Ltd

Forest Schools - Consent Form.

Full Name of Child:			
Child's Date of Birth:		Setting: <u>Rainbow Out Of School Clubs Limited</u>	
Address:			
Postcode:			
Phone Number:		Email:	

Medical Information

Please give details of any medical condition, which might affect outdoor forest school sessions.

Continue overleaf if necessary

As an additional precaution, please tell us in more detail about allergies and insect stings.

Please tick:

- My child has never been stung by a wasp/bee.
- My child has been stung by a wasp/bee and made a normal recovery.
- My child has been stung by a wasp/bee and had an allergic reaction.

If you ticked the final box, we will get in touch with you to get further information.

My child has the following food allergy/allergies:

Name of GP/Doctor/Surgery	
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Emergency Contact Information (Parent / Carer and an alternative emergency contact)

Name: _____

Tel number: _____ Relationship to child: _____

Name: _____

Tel number: _____ Relationship to child: _____

Suggested Forest School Kit List:

A part of the ethos of Forest School is "There is no such thing as bad weather, just bad clothing". The idea is that if sufficient, comfortable and appropriate clothing is provided, all children can enjoy the Forest School experience in all weathers. The only exception to this is high winds, it not being wise to be under the trees if there is a risk of falling trees or branches.

We recommend that you provide your child with the following, although this is not compulsory, these can be stored at holiday club, if you wish to provide such clothing:

- Wellington boots or spare trainers.

- Waterproof trousers or all in one.
- Wet weather jacket.
- Sun cream
- Sun hat, with visor if possible and sun glasses with UV protection
- Spare Clothes

These should be old clothes or clothes that parents/guardians do not mind getting dirty as these clothes will get dirty. Please put them in a rucksack/carrier bag with your child's name on which can be stored at the setting. In summer, it is recommended to wear long trousers and long sleeved tops because it is cooler under the trees and they help to protect from insect bites and scratches.

Emergency Contact:

Should you need to contact us in an emergency situation during holiday club hours, please phone one of the following numbers:

Holiday Club Site Mobile: 07704 756310

Denise Howard: 07717 214041

Sarah Smith: 07530 894183

If you have any queries, please contact Sarah Smith on: contact@rainbowschoolclubs.com

Consent:

- I agree to my child taking part in Forest School Sessions led by a Qualified Level 3 Forest School Practitioner.
- I understand that my child, may at some point, at an appropriate level, have opportunities to work with hand tools, such as whittling knives, potato peelers, loppers, billhooks and bowsaws under the supervision of a Qualified Level 3 Forest School Practitioner.
- I understand that my child will participate and light fires under the supervision of a Qualified Level 3 Forest School Practitioner through the course of their Forest School work and may have the chance to cook and eat on a fire at Forest School. They may also boil water/milk for a hot drink on a fire.
- I understand that my child may be involved in preparing shelters, using ropes and knots.
- I give consent for my child to receive emergency first aid should the need arise, and for my child to receive emergency treatment from any healthcare professionals. I understand that it may not be possible to contact myself/other contact in an emergency and that treatment may go ahead without my knowledge
- I understand that my child may get dirty/muddy and messy/smell of smoke during Forest Schools Sessions. I understand that I can provide the club with spare clothes/waterproof clothing/wellington boots if I wish to do so.
- I understand that there are risks associated with Forest School sessions, however these have been risk assessed by a Qualified Level 3 Forest School Practitioner.
- I give consent for my child to be photographed during a Forest School Session
- I understand that my child cannot participate in the activities listed above if I do not give consent.

I understand and agree with **ALL** of the above statements regarding Forest School Sessions:

Signed: (Parent/Carer):

Name of Parent / Carer:

Date: