



Hilldrop play project Summer Holiday playscheme – Registration Form
29th July – 23rd August 2024

Thank you for registering your child with the Hilldrop Play Project. We need some personal details, but all information collected is locked away and not shared with third parties. One form must be completed for each child attending for every school year. Please inform the manager of any changes to these details.

Play project contact: 0207 700 1871 / 07391 248 516

Manager: lola Isaac lola@hilldrop.org.uk General office number: 0207 607 9453

Child		
Full name:		
Address:		Post code:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth:	Age:
School:	Class:	

Parent/Carer 1 (must live with child)	
Full name:	
Daytime contact number:	Evening contact number:
Email (write clearly):	
You must give permission for us to contact you regarding the Play Project: <input type="checkbox"/>	
Join the Hilldrop Community Centre mailing list (optional): <input type="checkbox"/>	

Parent/Carer 2 (if applicable)	
Full name:	
Address (if different from above):	
Daytime contact number:	Evening contact number:
Email:	
Permission for us to contact you regarding the Play Project (optional): <input type="checkbox"/>	
Join the Hilldrop Community Centre mailing list (optional): <input type="checkbox"/>	

Emergency contacts (2 minimum)	
Name 1:	Phone 1:
Name 2:	Phone 2:

Name 3:	Phone 3:

Other people authorised to collect your child (must be age 14+) – Optional

Children may only leave the playscheme with the adults named on this form. Adults collecting children may be asked for proof of identity if they are unknown to staff. We may ask for proof of identity or a password on collection. Names can be added/changed at a later date .

Name 1:	Phone 1:
Name 2:	Phone 2:
Name 3:	Phone 3:

Please confirm you have consent to share these details:

YOU MUST TELL US IF ANYONE OTHER THAN THE ABOVE NAMED PERSONS WILL COLLECT YOUR CHILD

What day would you like you child to attend playscheme:	
<i>Staff are happy to be informed of changes on the day</i>	
Week 1: 29/07	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Week 2: 05/08	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Week 3: 12/08	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Week 4: 19/08	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>

Medical and other information	
Does your child have a medical condition we should know about?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Does your child carry an asthma pump?	Yes <input type="checkbox"/> No <input type="checkbox"/>
One provided to the Play Project:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details	
Does your child carry an EpiPen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
One provided to the Play Project:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child need any other regular medication/cream?	Yes <input type="checkbox"/> No <input type="checkbox"/>
One provided to the Play Project:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child up to date on immunisations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Does your child have any special dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Does your child have Special Educational Needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:	
Education Health Care plan provided to Play Project:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child known to Social Services?	
<i>Ofsted requires us to ask this question</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Consent (optional): Please indicate if you are happy for your child to have or do the following	
May your child take any medication you have provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Once necessary, a full Medication Form must be completed. In most cases your child will be supervised administering medication themselves, but for certain medication staff may be approved to administer it directly.	
May we approve emergency medical treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
This Authorises the Manager to sign, on your behalf, any written form of consent required by hospital authorities should medical treatment be necessary. This is provided every reasonable effort has been made to reach you and seek your permission, and that delay in treatment is likely to endanger your child's health or safety in the opinion of the doctor or hospital.	
May we take photographs of your child, including them potentially appearing on our website and publicity material?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we give your child a plaster in the case of an accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we apply sunscreen on your child in the summer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Only if you provide sunscreen</i>	
May your child take part in any unplanned activities that we may encounter on trips (e.g. bouncy castle, paddling pool, playground equipment)	Yes <input type="checkbox"/> No <input type="checkbox"/>
You may give specifics:	
Face painting consent:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hair Plaiting:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Terms & Conditions
<ol style="list-style-type: none"> Children must be collected by 5.30pm prompt. A late fee of 75p will be applied for each minute a child remains in our care after this time (eg: 10 minutes = £7.50) You will be charged for bookings that are cancelled with less than 48 hours' notice, unless there are serious extenuating circumstances (this will be at the manager's discretion) Mobile phones must not be used at any time while you are at the Play Project and must stay in bags or pockets. This is to safeguard all children who attend. We operate a zero tolerance policy regards bullying, fighting, racism, sexism, bad language and any other forms of disruptive or offensive behaviour. This applies to children, parents/carers, and staff. You will be invoiced for your child's attendance at the end of the playscheme period and payment must be settled within 30 days of the invoice date. If we have not received payment after 30 days you will be issued with a reminder. If the invoice is not settled within a further 14 days an admin fee of £5 will be added for each additional day of non-payment. At this stage you will also be issued with two weeks' notice of withdrawal of your child's place in the Holiday Playscheme and/or After School Club.

8. If the debt is not cleared within 3 months of the invoice date we will begin **legal proceedings** to recover the amount.

We are a small charity providing vital services to the community on a limited budget. We are dependant on our clients paying for services promptly. Clients that fail to do this put our organisation at risk and threaten our ability to provide future services. Since we have a waiting list for this service, clients who persistently fail to pay their fees promptly risk exclusion from the service.

Please do not ignore our attempts to contact you regarding overdue invoices.

Ethnic Origin Please tick (✓) one box			
A	White British	C	Asian or Asian British Bangladeshi
A	White Irish	C	Asian or Asian British other
A	White European	D	Black or British Caribbean
B	Mixed White & Black Caribbean	D	Black or Black African
B	Mixed White & African	D	Black or Black other
B	Mixed White & Asian	E	Chinese
B	Mixed other	F	Other
C	Asian or Asian British Indian	G	Unknown
C	Asian or Asian British Pakistani		

By signing below, you agree to the terms & conditions and to all other terms you have indicated above regarding collection, medication and other items of consent.

Signature:

Print:

Relationship to child (must be listed as Parent/Carer 1 or 2):

Date:

I understand that failure to follow the above terms may result in my child being withdrawn from the Hilldrop Play Project register.

All of the Hilldrop Play Project Policies can be found at <https://hilldrop.org.uk/policies>

Hard copies are also available on request.

Staff Signature date / /

Office use only

Fee rate: F £20 D £12:50 SD £18.00 SEN £16 HR £25 other