**GREENWAY SUMMER CAMP (‘GSC’) INFORMATION FORM**

**Please complete this form in BLOCK CAPITALS and return to the school office by Monday 13 July 2020**

**NB Please complete one booking form per child.**

**Name of Child………………………………………………………………………………………………………**

**Year Group…………………………………………………………………………………………………………**

**Parent/Guardian Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **First Name** | **Surname** | **Title** | **First Name** | **Surname** |
| **Home Address:** | | | **Home Address:** | | |
| **Does this child normally live at this address?** | | | **Does this child normally live at this address?** | | |
| **Home Number:**  **Work Number:**  **Mobile Number:** | | | **Home Number:**  **Work Number:**  **Mobile Number:** | | |
| **Email address:** | | | **Email address:** | | |

**Emergency Contact Details**

|  |  |  |
| --- | --- | --- |
| **Name** | **Contact Number** | **Relationship to Child** |
|  |  |  |
|  |  |  |

**Please provide a password (should someone other than you need to collect your child)**

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**My child will be walking home on their own YES/NO**

**My child will have a mobile phone with them which will be removed on arrival and placed in safe keeping for the day YES/NO**

**Medical Contact Details**

**Name of Child’s Doctor………………………………………………………………………………………………**

**Surgery Address……………………………………………………………………………………………….………….**

**Surgery Telephone Number………………………………………………………………………………………………**

**All immunisations up to date (please delete as appropriate): Y/N**

**Name of Child’s Dentist……………………………………………………………………………………………………**

**Surgery Address……………………………………………………………………………………………….………….**

**Surgery Telephone Number………………………………………………………………………………………………**

**Medical Information**

**Please inform us of all relevant medical information eg allergies, dietary needs; medication…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

Greenway’s Policies and Procedures will operate in relation to the administration of medicines and first aid

**I give permission for the above named child to receive urgent medical attention (please circle as appropriate)** **YES/NO**

Greenway’s Safeguarding, Child Protection & Behaviour Policies and Procedures and School Equality Scheme will be observed throughout the running of the GSC.

**I give permission for the above named child to be included in promotional photographs and for such images used on the school website (please circle as appropriate) YES/NO**

**Payment**

**I have paid a deposit of £50** (please circle as appropriate) **YES/NO**

**I commit to paying the balance by School Gateway in the total sum of £………………………**

**I will make payment via Childcare Vouchers YES/NO or through Tax Free Childcare YES/NO** **at least 14 days before start date.** (Please circle as appropriate)

**I have read, understood and accept the terms and conditions for the GSC YES/NO**

**Parent Name……………………………. Signature………………………………. Date…………………………**

**Parent Name……………………………. Signature………………………………. Date…………………………**