

Inspire Educate Succeed

Summer Play Scheme Registration Form

(Please Print clearly)					
Child's Surname:	Occupation of parent:				
Child's First Name(s)					
School attending:	Daytime Phone No:				
Age/D.O.B: Gender: M() F()					
Home Address:	Mobile:				
Home phone number:	E-mail address:				
Section Two: Medical/Allergy Information					
Does your child suffer from any food allergies? Yes/No					
Details (Please be specific):					
Other allergies:					
Does your child have any medical conditions? Yes /No					
Details (Please be specific):					
Does your child require medication during the day? Yes/No					
If Yes- Please note that we are unable to administer medication.					

Any other relevant information?				
Section Three: Emergency Contact information Mobile Phone number of Mother/Caregiver:				
Mobile Phone number of Father/Caregiver:				
Contact in case of emergency				
Name:				
Relationship to Child:				
Phone number (Home/work):				
Mobile Phone number:				
Section Four: Consent for Photographs I do/do not (please circle) give permission for photographs/video footage of my child to be taken to be used in <i>publicity leaflets, posters or flyers; or for display at a school, play scheme</i>				
or at The African Community School including its website and publications. They may also be used in related newspapers or magazines and to funders.				
I do/do not (please circle) give permission for photographs/video footage of my child to be taken by local media (newspapers, Teachers TV etc).				
Signed:				
Relationship to child:				
Date:				
Opening times and weeks				
Choose the one suited for you				
8am – 5.30pm				
Week 1 Week 2 Week 3 Week 4				

Section Six: Collection of Child				
Please TICK which of the following applies to your child:				
My child has permission to make their own way home each day				
My child will be collected at 4.30pm or 5.30pm each day. They will be collected by:				
(Please state name and relationship to child)				
Section Seven: Booking and Fees To book your child a place for 2 weeks on the play scheme, you must pay in full at the time of booking. To book over 2 weeks, you must pay half of the fees upfront at the time of booking and the remaining half on your child's first day of play scheme. Sorry but we cannot accept bookings for less than 1 week.				
Fees must be paid in full. Please note that we are unable to make refunds on places that have been booked even if your child is unable to attend the play scheme. A late fee of £3 for every five minutes will be charged if your child is not picked up by 4.30pm or 5.30pm.				
Section Eight: Payment methods We can accept payment by cash or cheque only.				
Section Nine: Trips and outing				
We sometimes take children out locally, for example to a park in the area. For other trips you will be given a separate consent form. There may be an additional cost for other trips and they will be booked on a first come first served basis.				
☐ I do/do not (please circle) give permission for my child to go on local outings.				
Section Ten:Concessionary fee application (This is not required for full fee payers)				
These statements must be completed by the parent / career at the time of registration.				
$\hfill \square$ I confirm that I am receiving Income Support at present and that my family does not receive any other income.				
$\hfill \square$ If my circumstances change I will inform the play scheme / The African Community School immediately.				

☐ I understand that if I do not inform the African Community School holiday play scheme of any changes of circumstances, my children's place at the play scheme will be lost.						
□ Proof of concessionary status provided and seen / photocopy taken of evidence.						
Section Eleven	: Lost or damaged pr	operty				
	responsibility for the loss and other electrical e	•			•	əld
Declaration by	the Parent /Career					
Signing this she	et forms a contract bet	ween the pa	arent /career and the	African (Community Sch	ool
I agree to compl	y with the requirement	s of the Afric	can Community Scho	ool.		
 I declare that all information is correct and agree to all authorisations indicated by a tick above. I will notify the Senior Play Worker / African Community School of any changes to the information given. I will collect my child by 4.30pm or 5.30pm at the latest at the end of the day. In the event of a late pick up, I understand there is a £3 late fee for every 5 minutes after 4.30 or 5.30pm. I understand that my child's place may be withdrawn if I do not follow the agreed procedures. I understand that I have reserved a place for my child and fees cannot be refunded if I do not take up the place. 						
Name		Signature		Date		
For The African	Community School					
Name	Si	gnature		Date		
I understa take up th Name For The African	and that I have reserve	d a place fo		Date	•	

White						
□ Any other White Background (please write in) (please write in) Chinese □ White & Black Caribbean □ Chinese □ White & Black African □ White & Asian □ Any other Mixed Background □ Any other Ethnic Group □ Any other Ethnic Background (please write in) □ Any other Ethnic Background (please write in) □ Any other Asian British □ Gender: □ Any other Asian Background □ Male □ Female Does your child have a disability or any special needs? Yes () No () If you answer "Yes" to the above question above, please let us know about any.						
(please write in)						
Mixed ☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Any other Mixed Background (please write in)						
□ White & Black Caribbean Other Ethnic Group □ Any other Mixed Background Any other Ethnic Background (please write in) (please write in) Asian or Asian British Gender: □ Any other Asian Background Male Female (please write in) No () If you answer "Yes" to the above question above, please let us know about any.						
□ White & Black African □ White & Asian □ Any other Mixed Background □ Any other Ethnic Background (please write in) □ (please write in) □ Any other Asian British □ Gender: □ Any other Asian Background □ Male □ Female □ Does your child have a disability or any special needs? Yes () No () If you answer "Yes" to the above question above, please let us know about any.						
□ Any other Mixed Background (please write in)						
(please write in)						
Asian or Asian British Indian Pakistani Bangladeshi Any other Asian Background (please write in)						
□ Indian □ Pakistani □ Bangladeshi □ Male □ Female □ Any other Asian Background (please write in) Does your child have a disability or any special needs? Yes () No () If you answer "Yes" to the above question above, please let us know about any.						
Any other Asian Background (please write in)						
If you answer "Yes" to the above question above, please let us know about any.						
Advertisement:						
Advertisement:						
Staff at center () Hackney Learning Trust site () Leaflet/Poster ()						
ACS Website () Friend/Word of Mouth () Social Media -E.g.; Facebook, Twitter etc.						
Library (please state)						

How we use your personal information:

African Community School complies with all relevant data protection legislation. The personal information you supplied on this form will be retained by African Community School. In addition to the information we collect in this form, we may also collect certain personal information about your child from their school with your/your child's prior permission. We will use the personal information that we collect (a) to provide your child with our educational services; (b) to manage participation in our programmes; (c)to monitor the effectiveness of our programmes; (d) for the purposes of communicating with you or your child about our programme; (e) for our own record-keeping purposes.

The information will also be passed to our funders when requires and, when needed, the Hackney Learning Trust, including the Local Authority and with the DfE to meet legal responsibilities under the funding contract, Children and Learning Act 2009.

Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: https://www.gov.uk/help/privacy-policy

Declaration -

I have i	read and conse	ent to Africa	in Community	School	retaining	and sharing	g the info	ormation	supplied
on this	form in accord	ance with th	ne 'how we us	e your p	ersonal ir	nformation'	section	above.	

Signature:	Date:
Print name:	Relationship to child: