The Castle Community Centre

**HOLIDAY CLUB**

In partnership with Healthy Holidays - Booking Club and Consent Form

**Full Name Child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **POSTCODE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical etc:** Does your child have any medical condition, allergies or disability we need to be aware of?

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which days will your child be attending**

|  |  |
| --- | --- |
| Day | Attending - Please tick days |
| Monday 12th August  |  |
| Tuesday 13th August |  |
| Wednesday 14th August |  |
| Thursday 15th August |  |
| Mon 19th August |  |
| Tues 20th August |  |
| Wed 21st August |  |
| Thurs 22nd August |  |

Funding the holiday club has in part been by Housing Associations, and the Healthy Holidays fund. For their records and for future funding we need to know

As a family are you a ***For Housing or Irwell Valley Tenant*** Yes No *Please circle answer*

Do your children receive ***Free School Meals*** ? Yes No

How would you describe your ***Ethnic Identity*** *Please tick box*

|  |  |  |  |
| --- | --- | --- | --- |
| White White Irish White OtherAsian BritishIndianPakistaniBangladeshiOther Asian Background | 🞏🞏🞏🞏🞏🞏🞏🞏 | Black BritishBlack CaribbeanBlack AfricanSomaliYemeniOther Black BackgroundChineseMixed HeritageOtherYou do not wish to disclose your ethnicity | 🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 |

**Parent or Carers Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PTO

**2nd Contact** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child attend **Kids Club**? Please circle Yes No.

**Photos:** Do you give consent for your child’s photo to be taken and used in social media and marketing? Yes No

**Older children:** Do you give permission for your child to **walk home** unaccompanied, after the session? Yes No

**Please note -** We expect Holiday Club to be full and some children may be disappointed as they can’t get a place.
Please let us know on 07843 208008 if you book and then for whatever reason your children can’t come so that we can offer the place to another child