A logo for a family centre

Description automatically generated A logo with a flower and waves

Description automatically generated with low confidence

HAF Easter Holiday Activity Sessions 2024

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parent/Carer Details** |  | | | | | | | | | | | | | |
| **Surname** |  | | | | | | | | | | | | | |
| **First Name** |  | | | | | | | | | | | | | |
| **Full Address** |  | | | | | | | | | | | | | |
| **Line 1** |  | | | | | | | | | | | | | |
| **Line 2** |  | | | | | | | | | | | | | |
| **Line 3** |  | | | | | | | | | | | | | |
| **Line 4** |  | | | | | | | | | | | | | |
| **Postcode** |  | | | | | | | | | | | | | |
| **Contact number** |  | | | | | | | | | | | | | |
| **Email address** |  | | | | | | | | | | | | | |
| **Emergency contact name** |  | | | | | | | | | | | | | |
| **Emergency contact number** |  | | | | | | | | | | | | | |
| **Relationship to child** |  | | | | | | | | | | | | | |
| **Child’s Full Name** |  | | | | | | | | | | | | | |
| **Child’s Date of Birth** | **Day** |  | | | | **Month** | | |  | **Year** | | | |  |
| **Area of Cumbria where child lives** |  | | | | | | | | | | | | | |
| **How is your child eligible for a free place? Select below and enter your HAF code** | | | | | | | | | | | | | | |
| **Is this child in receipt of free school meals?** | **Yes** | | | |  | | **No** | | | | | |  | |
| **Is this child in receipt of free school meals and SEND?** | **Yes** | | | |  | | **No** | | | | | |  | |
| **Is your child classed as vulnerable?** | **Yes** | | | |  | | **No** | | | | | |  | |
| **SEND but not on free school meals** | **Yes** | | | |  | | **No** | | | | | |  | |
| **Paid Space** | **Yes** | | | |  | | **No** | | | | | |  | |
| **HAF code (To be eligible for a free funded place)** |  | | | | | | | | | | | | | |
| **To be able to assess the needs of the children attending our activities, we would like to ask some questions to ensure that we have appropriate support and facilities in place. The answers you provide will be subject to all Data Protection regulations and not shared with other parties.** | | | | | | | | | | | | | | |
| **Is the child from a one parent family?** | **Yes** | | |  | | | | **No** | | |  | | | |
| **Is the child resident in a disadvantaged area of Cumbria?** | **Yes** | | |  | | | | **No** | | |  | | | |
| **Does the child live in a low-income household?** | **Yes** | | |  | | | | **No** | | |  | | | |
| **Does the child have a ‘visible’ disability?** | **Yes** | | |  | | | | **No** | | |  | | | |
| **If yes, please give details:** |  | | | | | | | | | | | | | |
| **Does the child have an ‘invisible’ disability?** | **Yes** | | |  | | | | **No** | | |  | | | |
| **If yes, please give details:** |  | | | | | | | | | | | | | |
| **Is your child within the special educational needs criteria? (SEND)** | **Yes** | |  | | | | **No** | | | | |  | | |
| **Does the child have an ‘invisible’ disability?** | **Yes** | |  | | | | **No** | | | | |  | | |
| **I give consent for a first aid trained member of staff to administer hypo-allergenic plasters to my child.** | **Yes** | |  | | | | **No** | | | | |  | | |
| **I give consent for nursery staff to apply sun lotion that I provided when necessary. In the event that I have not supplied sun lotion, I agree that the staff may will apply an appropriate sun block in order that my child can participate in outdoor activities during hot weather.** | **Yes** | |  | | | | **No** | | | | |  | | |
| **I give consent to First Aid treatment to be administered by a trained First Aider.** | **Yes** | |  | | | | **No** | | | | |  | | |
| **I give permission for my child to be photographed/filmed for the purpose of being published online, on television, radio, and print form** | **Yes** | |  | | | | **No** | | | | |  | | |
| **Are they any medical conditions that we need to be aware of, if so, please give details:** |  | | | | | | | | | | | | | |
| **Does your child need medication during the activities? If so, please give details:** |  | | | | | | | | | | | | | |
| **Are they any dietary requirements or food allergies? If so, please give details:** |  | | | | | | | | | | | | | |
| **Is there any additional information you would like to provide regarding the child named in this registration?** | | | | | | | | | | | | | | |

**Please indicate in the “Attend” column the time and date your child will attend with a tick or an “X”.**

|  |  |  |
| --- | --- | --- |
| **Date** | **Time** | **Attend** |
| **8th April 2024**  9am -10am – Registration and greeting  10am till 12pm: Arts and Crafts  12pm till 12:30pm: healthy meal  12:30pm till 2pm Indoor Games | **9am - 2pm** |  |
| **9th April 2024**  9am till 11:30pm: Forest School/Painting  12pm till 12:30pm: healthy meal  12pm till 2pm: Painting/Forest School | **9am - 2pm** |  |
| **10th April 2024**  9am till 11:30pm: Forest School/Outdoor activities  12pm till 12:30pm: healthy meal  12:30pm till 2pm: Outdoor activities/Forest School | **9am - 2pm** |  |
| **11th April 2024**  9am – 12pm: Drama/dance activities  12pm till 12:30pm: healthy meal  12:30 – 2pm: Cookery Workshop | **9am - 2pm** |  |

Data Protection

The information provided in this registration document will be held by The Solway Hall in accordance with the UK Data Protection Act (2018) updated 2021. This can be found at: [https://ico.org.uk/for-organisations/guide-to-data-protection/introduction-to-data-protection/about-the-dpa-2018/](about:blank)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **By completing, signing, and submitting this registration, you agree to Howgill Family Centre holding the information you provide.** | **Yes** |  | **No** |  |
| **By completing, signing, and submitting this registration, you agree toHowgill Family Centre contacting you for the purposes of these activities.** | **Yes** |  | **No** |  |
| By signing this form, you are accepting that Cumberland Council will use you/your child’s data to measure how our services are operating and you consent to share your data with the Department of Education (DfE). | **Yes** |  | **No** |  |

**Signature of parent/carer of child named:**

**Date:**

**Please take or send this registration form to Howgill Family Centre in Cleator Moor or email it to:** [**info@howgill-centre.co.uk**](file:///C:\Users\MarcelynSoutham\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\59YWP1HQ\info@howgill-centre.co.uk) **The Howgill family Centre, Birks Road, Cleator Moor, Cumbria CA25 5HR Registered charity number:  519278**