

London Borough of Sutton



Children, Young People and Learning Services Extended Services and Early Years

Direct Line: 020 8770 4300

Date: December 2021

e-mail: playservice@sutton.gov.uk

CHRISTMAS HOLIDAY CLUB INFORMATION

Children's Belongings

Please be aware that the Playcentre will not be held responsible for the loss or damage of belongings. This includes all clothes, toys and electrical gadgets. If your child brings any toys etc this will be at their own risk. Please name all clothing/hats.

Outdoor Play

Depending on the weather we will be utilising the wonderful outdoor space available at The Grange. With this in mind can all children please be provided with suitable outdoor clothing and footwear that can be used outside and be kept at the centre for the duration of the holidays. **Can all spare clothes be clearly labelled enabling the children to identify their own items of clothing.**

Late Collections

If you have an emergency that impacts on you collecting your child by the designated time - please contact the centre as soon as possible informing them that your emergency contact will be collecting your child/children or another person of your choice - we will need to see I.D and you must provide your contact with a password.

London Borough of Sutton Play Service Holiday Booking Form



Christmas Holidays:
22nd, 23rd, 29th & 30th December 2021
The Grange Play Centre

1. Main Details - PLEASE PRINT CLEARLY

Name of Child (please use one form per child):	
Address:	
Contact Name:	
Email Address:	
Primary Contact Number:	
Child's Age at Present:	
Child's Date of Birth (DD/MM/YYYY):	

2. Dates Required

Please circle your preferred dates. **Only once your booking has been processed, we will then be able to confirm which dates we are able to offer you. Please note that your dates are NOT guaranteed until you have been sent a booking confirmation email.**

Wednesday 22nd December	Thursday 23rd December
Wednesday 29th December	Thursday 30th December

Wednesday
22nd December

3. Special Educational Needs and Disability

Please answer the following questions by ticking yes or no:

Does your child have an identified special need, a disability or a special medical condition? If yes, please give brief details:	YES	NO
Does your child have an Education, Health and Care Plan (EHCP)?	YES	NO
Does your child have an Individual Education Plan (IEP)/ Learning Passport at School?	YES	NO

4. Declaration and Signature

I have read the above and understand and agree to the Terms and Conditions of the Long Term booking system. I agree to pay my invoice by the due date each month or risk having my booking permanently terminated.

Parent/Carer Signature:	
Date (DD/MM/YYYY):	

Please sign and return your completed forms to us at playservice@sutton.gov.uk.

Alternatively you can post the original documents to:

Play Service (% Business Support Team)
London Borough of Sutton
Civic Offices
St Nicholas Way
Sutton SM1 1EA

For any questions on returning your forms, please contact us on 020 8770 4300 or at playservice@sutton.gov.uk.

London Borough of Sutton Play Service Registration Form 2021



PLEASE NOTE:

The information that you provide on this form will be accessible to all of our staff and other agencies in an emergency. If there is any personal information which you feel it is important for us to know, but which you wish to remain confidential, please speak to the Play Centre Manager Jenny Henry on site who will be able to take the information from you in a manner which will ensure confidentiality.

1. Child's Details (PLEASE PRINT ALL SECTIONS CLEARLY)

Child's Last Name (Surname):	
Child's First Names (Forenames):	
Gender:	
Age:	Date of Birth:
Address:	
Home Telephone:	
Mobile Telephone:	
Which school does your child attend:	
Name of your Child's Doctor:	
Child's Doctor's Telephone Number:	
Ethnicity:	<input type="checkbox"/> Asian or Asian British – Bangladeshi <input type="checkbox"/> Asian or Asian British – Indian <input type="checkbox"/> Asian or Asian British – Pakistani <input type="checkbox"/> Asian or Asian British – Other <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – Other <input type="checkbox"/> Chinese <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Other <input type="checkbox"/> Other

2. Parent/Carer Details (Parent/Carer currently residing with child)

PARENT/CARER 1 - Name:	
Title:	Miss / Ms / Mrs / Mr / Other
Employer's Name:	
Employers Address:	
Work Telephone Number:	Landline: _____ Ext: Alternative: _____

Email Address:	
PARENT/CARER 2 - Name:	
Title:	Miss / Ms / Mrs / Mr / Other
Employers Name:	
Employers Address:	
Work Telephone Number:	Landline: Ext: Alternative:
Email Address:	

3. Emergency Contact

Please provide details of a person **other than** the Parent/Carer who is authorised to collect the child.

Name:	
Title:	Miss / Ms / Mrs / Mr / Other
Address	
Telephone Number	Landline: Mobile:
Relationship of Emergency Contact to child: <i>(eg grandparent, childminder)</i>	

4. Collection Arrangements for your Child

Will YOU be the person who will always collect your child?	YES	NO
If NOT, please authorise another person to do so:		
Name:		
Address:		
Telephone Number:		
Relationship of nominated collector to child:		

If you are nominating more than one person to collect your child, please use a separate sheet. You must contact our staff if you or the above nominated person are not able to collect your child in order to agree arrangements for another person to make the collection.

Please Note: As we are responsible for your child whilst they are on site it is essential that you give us information that affects custody, or anything that relates to who may collect your child. This will be treated as confidential information. Please use the box below to include any information you would like us to know.

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5. Activities

Are there any activities that you do NOT wish your child to take part in?		
Do you agree to your child being taken off-site, under supervision, to visit places within walking distance? (Separate consent forms/costs will be required for all activities/trips involving transport or swimming):	YES	NO
Do you agree to your child having their photograph taken or being interviewed for publicity/media events?	YES	NO

6. Declaration and Signature

I give my consent for my child to be administered with First Aid by play staff and/or emergency medical treatment at a hospital where necessary. If any of these details change please advise us immediately.

Parent/Carer Signature:	
Date: DD/MM/YYYY	

Please return all forms to playservice@sutton.gov.uk. Any incomplete forms will not be processed.

**London Borough of Sutton Play Service Additional Needs/Medical Conditions
Registration Form 2021**



1. Your Child (Please print clearly)

Child's Last Name (Surname):	
Child's First Names (Forenames):	

Please note: The information that you provide on this form will be accessible to all of our staff and other agencies in an emergency. If there is any personal information that you feel it is important for us to know, but which you wish to remain confidential, please speak to the play centre manager Jenny Henry who will be able to take the information from you in a manner which will ensure confidentiality. Please note that information cannot remain confidential if it relates to a safeguarding matter.

2. Additional Needs and/or Medical Conditions

1. Does your child have an Individual Education Plan (IEP) at school? If yes, is there anything within this that we need to know about:	YES	NO
2. Does your child have an Education, Health and Care (EHC) Plan (or Statement of Special Educational Needs)? If yes, please advise of any additional requirements:	YES	NO
3. Does your child have a Social Worker/Family Support Worker or other involved agency worker? If yes, please supply their name and contact details:	YES	NO
4. Is your child subject to a Child Protection Plan, Child In Need Plan or Looked After Child Plan?	YES	NO
5. Does your child have any medical conditions and/or additional needs? If yes, please give details:	YES	NO
6. Does your child receive any additional support for medical and/or additional needs? If yes, please give details:	YES	NO

<p>7. Does your child require any medicines? If yes, please give details of all medication:</p> <p><i>Sutton Play Service will require separate disclaimer forms for the administration of medication.</i></p>	YES	NO		
<p>8. Will your child require additional support whilst at the Play centre/club?</p> <p>If yes, please select clearly the level of support required: PLEASE NOTE: <i>There is an additional charge for a Support Worker – please call 020 8409 7253 for details.</i></p>	YES		NO	
	1:1	1:2	1:4	
<p>9. Does your child have any allergies (including plasters, nuts etc)? If yes, please give details:</p> <p>Should your child require an Epi-pen then it must be handed to the Manager, Jenny Henry, inside a box with your child's name clearly on the front.</p> <p>Sutton Play Service cannot guarantee your child will not have access to nuts.*</p>	YES		NO	
<p>10. Does your child have any special dietary requirements? If yes, please give details:</p> <p>Sutton Play Service cannot guarantee your child will not have access to nuts.*</p>	YES		NO	
<p>11. Is there any further information you would like us to know (including any language needs or other personal information)? If yes, please give details:</p>	YES		NO	

** Whilst we can ensure that no nut based products are served as snacks in our out of school settings, however, in line with food manufacturers' guidelines we cannot guarantee that foodstuffs have been prepared in an environment that is certified as 'nut free'. Similarly, we cannot guarantee that your child will not be exposed to nut based substances found naturally in the outdoor environment eg. seeds and nuts dropped by birds but will endeavour to minimise risk as far as possible. If your child has an identified allergy which necessitates treatment in the form of eg. an Epi-pen it is imperative that the setting is made aware of this and the appropriate medication/management strategies supplied.*

5. Declaration and Signature

I give my consent for my child to be administered with First Aid by play staff and/or emergency medical treatment at a hospital where necessary.

Parent/Carer Signature:	
Date: DD/MM/YYYY	

Please return all forms to playservice@sutton.gov.uk. Any incomplete forms will not be processed.

The Grange Playcentre Packed Lunch

Please check what items your child will eat *

- Ham Sandwich
- Cheese Sandwich
- Cheese Spread
- Tuna Sandwich
- Wraps with the above sandwich fillings
- Crackers and cheese
- Apple
- Satsuma
- Grapes
- Strawberries
- Cucumber
- Raisins
- Cherry Tomatoes
- Crisps
- Cereal Bar
- Rice Cakes
- Yoghurt
- Water
- Orange Juice
- Apple Juice

Child's Name *

Any allergies or dietary requirements *

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