

# Summer Scheme 2024

## Registration Form

|               |                              |                        |
|---------------|------------------------------|------------------------|
| Week          | Week 1<br>29 July - 2 August | Week 2<br>5 - 9 August |
| <b>Mini's</b> |                              |                        |

### CHILD DETAILS

|                               |           |         |   |
|-------------------------------|-----------|---------|---|
| Name:                         |           | D.O.B.: |   |
| Address:                      |           |         |   |
| Town:                         | Postcode: | B       | T |
| Membership no. (if one held): |           |         |   |

### PARENT/GUARDIAN DETAILS

|   |            |
|---|------------|
| Name:   |            |
| Telephone:  | Mobile 0 7 |
|   | Home 0 2 8 |
|   | Work       |
| Relationship to child: (mother/father/legal guardian) |            |

**In case of an emergency, and in the absence of parent/guardian, please give details of 2 persons for contact: (different from above, local and contactable during scheme hours.)**

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| Name:                 |  | Name:                 |  |
| Mobile No             |  | Mobile No             |  |
| Landline No           |  | Landline No           |  |
| Relationship to Child |  | Relationship to Child |  |

**CHILD'S MEDICAL DETAILS** Please state below any conditions that we should know about.

Please note we cannot offer specialist one to one support for individual children.

|  |
|--|
| Medical including food / animal allergies: |
| Disabilities:                              |
| Behavioural:                               |

Please state any medication taken in connection with the above conditions.

Are there any other circumstances we should know about?

I give consent for my child to take part in all programmed indoor and outdoor activities (weather permitting) 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**Junior Scheme**  
Do you give permission for your child to walk home when the scheme finishes? 

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**Mini Scheme**  
I give permission for my child to be **accompanied to the toilet, as necessary** by a member of staff.

I give permission for sun cream to be applied to my child, as necessary by a member of staff.

In the event of illness or accident, I give permission for **First Aid to be administered where considered necessary** by a nominated First Aider, or suitable qualified medical practitioner. In case of emergency, I understand that staff will do everything to contact the parent/carer so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my/our behalf. Please tick the box.

Ards and North Down Borough Council may take photographs during the scheme for promotional purposes. The images may be used in newspapers, brochures, website, social media and other publicity material. If you permit your son/daughter to be photographed please tick the box.

**Using your Personal Information**

The Council takes your right to personal privacy seriously. Personal information will be used for the purposes of managing your booking.

We are required to process your information as part of your booking. The Council will hold the information for a period of one year after the conclusion of your booking.

If you have data protection queries please contact the Council's Data Protection Officer at [dataprotection@ardsandnorthdown.gov.uk](mailto:dataprotection@ardsandnorthdown.gov.uk) or visit the Council's website at [www.ardsandnorthdown.gov.uk/privacy-and-cookies](http://www.ardsandnorthdown.gov.uk/privacy-and-cookies)

Ards Blair Mayne may send out information about centre activities and promotions. Please tick the box if you would like to receive such information.

I understand that use of the centre is subject to the Ards and North Down Admissions Policy. I confirm that all details are correct to the best of my knowledge and I give my consent for my child to attend the scheme indicated on this form.

Signed: \_\_\_\_\_ Parent/Guardian      Date: \_\_\_\_\_

| <i>For office use only.</i> |               | Signature | Date |
|-----------------------------|---------------|-----------|------|
| Form checked by             | Receptionist  |           |      |
| Form checked by             | Scheme Leader |           |      |