

**Holiday Activity Club Sign Up Form**

 Please complete one form per child and return to Holiday Club, Eastern Angles Centre, Gatacre Road, IP1 2LQ. admin@easternangles.co.uk

I give my consent for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert young person’s full name) to attend Holiday Activity Club at The Eastern Angles Centre, Gatacre Road.

Please confirm, by ticking the box, that the young person you are signing up is in receipt of free school meals

Please choose which dates you would like to book your young person in to, tick all that apply. Spaces to sessions are limited, once we’ve received your completed form, we will contact you to confirm places:

**Week 1 - Discovery**

|  |  |
| --- | --- |
| Monday 26th July, 10am – 2pm  |  |
| Tuesday 27th July, 10am – 2pm |  |
| Wednesday 28th July, 10am – 2pm |  |
| Thursday 29th July 10am – 2pm |  |
| Friday 30th July 10am – 2pm |  |

**Week 2 – Play in a Week**

|  |  |
| --- | --- |
| Monday 2nd August, 10am – 2pm  |  |
| Tuesday 3rd August, 10am – 2pm |  |
| Wednesday 4th August, 10am – 2pm |  |
| Thursday 5th August 10am – 2pm |  |
| Friday 6th August 10am – 2pm |  |

**Week 3 – Power of Stories**

|  |  |
| --- | --- |
| Monday 9th August, 10am – 2pm  |  |
| Tuesday 10th August, 10am – 2pm |  |
| Wednesday 11th August, 10am – 2pm |  |
| Thursday 12th August 10am – 2pm |  |
| Friday 13th August 10am – 2pm |  |

**Young Person’s Additional Details**

|  |  |
| --- | --- |
| Address |  |
| Date of Birth |  |
| Nationality |  |
| Current School |  |
| Any dietary requirements |  |
| Any other Allergies |  |
| Name and contact number of doctor’s surgery if known |  |
| Parent/Carer email address if available |  |

Is the young person on the SEND register?

Do they have an EHCP?

If you’ve answered yes to either of the above, please provide details, this is to ensure that your young person has the best possible experience when taking part in the club:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_

**Emergency Contacts**

Please provide details of two emergency contacts:

Contact 1: Contact 2:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  |  | Name |  |
| Address |  |  | Address |  |
| Telephone Number |  |  | Telephone Number |  |
| Relationship to the child |  |  | Relationship to the child |  |

**Collection from The Eastern Angles Centre**

 An adult will collect my child from The Eastern Angles Centre after the session

Name of person collecting the young person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person collecting the young person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**:

I am happy for my child to walk home alone.

**Media and Photography Consent**

I give photography and film consent (images may be used by Eastern Angles Theatre Company, activity partners and Suffolk County Council in funding applications, on their websites and social media accounts to showcase the activity which is taking place). All images will be stored securely, in line with our safeguarding policy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(person with parental responsibility)

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

