




# HOLIDAY SCHEME APPLICATION 2018/19

Hugh Myddelton Primary School

Tel: 020 7278 6075

Email: [admin@humydd.islington.sch.uk](mailto:admin@humydd.islington.sch.uk) Ofsted no 131842

## CHILD'S DETAILS

<b>Name of School attended:</b>	
Full Name of Child:	Chosen names:
Names of other siblings in scheme (if applicable)	
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
School Year (from Sept 18):	Class Name:
Home address:	Child's Photograph 

Please tick appropriate box

- |  |  |  |
|--|--|--|
| 1 White British <input type="checkbox"/> | 5 Bangladeshi <input type="checkbox"/> | 9 African Other <input type="checkbox"/>       |
| 2 White Other <input type="checkbox"/>   | 6 Asian Other <input type="checkbox"/> | 10 Black Other <input type="checkbox"/>        |
| 3 Turkish/ Cyp. <input type="checkbox"/> | 7 Caribbean <input type="checkbox"/>   | 11 Chinese <input type="checkbox"/>            |
| 4 Kurdish <input type="checkbox"/>       | 8 Somali <input type="checkbox"/>      | 12 Mixed Heritage <input type="checkbox"/>     |
|  |  | 13 Other Ethnic Group <input type="checkbox"/> |

## PARENT/CARER DETAILS

Parent/Carer's Name:		
Home address:		
Home Tel:	Mobile:	Work Tel:
Email:		
Relationship with child:		
Why do you need childcare?	start work /continue work/ study/ (circle)	
	other.....	(please specify)

## EMERGENCY CONTACT INFORMATION

1	Name:	Relationship with child:
Address:		
Contact number:		Mobile number:
2	Name:	Relationship with child:
Address		
Contact Number:		Mobile Number:

**NOTE:** If any of this information changes whilst your child is at the Holiday scheme you **MUST** inform the Playleader

### Important information about your child

What language do you speak at home?
Any Known Allergies:
Medical History/Conditions:
Does your child require any medication (please give details)
Specific Dietary Requirements:
Special Educational Needs and or Disability:
Any Behavioural Issues:
GP Details:
I give permission for first aid to be administered to my child should they require it and for Hugh Myddelton Primary School to seek medical assistance if this is required
Signed: ..... Print Name: .....

### COLLECTION ARRANGEMENTS

My child will usually be collected by:

1. Name:	
Relationship to child:	
Contact number:	Mobile:
2. Name:	
Relationship to child:	
Contact Number:	Mobile:

**NOTE:** Children MUST be collected from us by a named person who is over 16 years of age. If anyone else is collecting your child other than your named contact you **MUST** inform the school prior to collection and provide the school with a password

Once you have booked your child in for specific days and the place is allocated, *you will be charged for those days whether or not your child attends.*

### No refunds

### FEES & PAYMENTS

Per Child	8.30-6pm £24 per day /£120 per week
Sibling Discount	£21 per additional child per day/ £105 per week
Per Child	9.30-3.30 £16 per day/ £80 per week
Sibling discount	£13 per additional child per day /£65 per week
<b>Late Collection Fee</b>	£10 per child after 6.00pm £10 per child after 3.30

All fees must be paid in advance when booking.

**LATE COLLECTION POLICY**

The school reserves the right to terminate the place in the club of any child who is persistently collected late.

**If you are claiming Tax Credits or using Childcare Vouchers**

The scheme is registered with Ofsted (No. 131842) as part of the school.

Will you allow your child to go on trips with the Centre? yes/no (please delete one)

I undertake to abide by the conditions laid down by Hugh Myddelton Primary School I have read and agree to abide by the Schools Policies.

Signed: .....

Print name: .....

Dated: .....

**FOR OFFICAL USE**

Date received:	By:
Form signed and complete	Yes/No
Place allocated: Yes / No	Waiting list : Yes / No
Fees due: £	Fees paid: £
Additional notes:	