Dear Parent Carer

Thank you for your interest in Extratime’s holiday schemes for your child/young person.

As you may know, Extratime has been providing inclusive clubs and schemes for children and young people since 2003. If you have not met us before then it’s my pleasure to introduce the charity and our work to support children and young people and their families.

Inclusive play and leisure is at the heart of everything we do. At Extratime holiday schemes, high staffing ratios (often one to one for those who need this), enable everyone to have fun, try new things and make friends, regardless of their ability. Our staff have a wide range of skills and experience within the fields of youth work, play work and disability. All staff have enhanced DBS clearance and are fully trained to meet the needs of the children and young people attending our schemes.

The enclosed booking pack contains sections about your child or young person’s personal needs, medication, likes and dislikes and other important information. It also includes an ethnic monitoring form.

To make sure our information is up to date and we understand your child or young person’s needs,allparent carers of children and young people **new** to Extratime need to complete the booking pack and return it to us no later than **9am on Friday 7th February.** Please complete it as fully as possible so that we can offer the best service possible to your child or young person. If any section does not apply, please state ‘not applicable’ (or N/A for short).

We would be grateful if you would also **attach any current behaviour, communication and medical plans that you have. Sending them with this completed booking form will help speed up the booking process.**

We plan to issue booking confirmations during the week commencing **9th March; please check this carefully so you are clear on the sessions we have offered you.** Wewill be unable to offer a place without a fully and correctly completed form, so it’s important that it reaches us in time.

If you would like help completing the form, our colleagues at AMAZE will be pleased to support you. You can contact them on [info@amazebrighton.org.uk](mailto:info@amazebrighton.org.uk) or on 01273 772 289.

Thank you for the time you spend on the forms. We know they are time consuming but they are necessary. If you have any queries, please do not hesitate to contact us.

Best wishes



Sam Price

Chief Executive

Extratime

**Holiday Scheme Booking Form – Easter 2020**

This form is to be completed for all new children and young people coming to Extratime. Please complete it as fully as possible, using additional sheets if needed and return it by **9am on Friday 7th February**. The information you give will help us provide appropriate support to meet your child/young person’s needs. We realise that you may have filled in numerous forms of this nature before, but it is essential to get as much information as we can. In some cases we will follow this up with a telephone call.

**Section One: Personal Details**

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| **Personal Details** | | | | |
| Child/Young Person’s Name: | | | | |
| Date of Birth: | Age: | | | Gender: |
| Home Address:  Postcode: | | | | |
| Home Tel No: | | Mobile No: | | |
| Email: | | | | |
| School:  Class:  Teacher: | | | | |
| Does your child/young person have an Education, Health & Care Plan (EHC Plan) or Statement? Yes  No | | | | |
| Does your child/young person receive direct payments or have a personal budget? Yes  No | | | | |
| Does your child/young person have a Compass Card? Yes  No  *(If your child/young person is registered on Compass, the children and young people’s disability register for Brighton & Hove, you’ll receive a Compass Card which gives access to discounted fun, leisure and sport activities. For more information, please contact Amaze on 01273 772289 or go to www.compasscard.org.uk)* | | | | |
| Name of Parent Carer at home address: | | | Relationship: | |
| Is this who will normally collect your child/young person at the end of the session? Yes  No  If **No**, please give details of the person and their relationship to the child/young person. | | | | |
| Name: | | | Relationship: | |
| Address: | | | Contact No: | |
| I consent to my child/young person going home unaccompanied: Yes  No | | | | |
| **Please name two other people who can be contacted in an emergency and can be relied upon to pick up your child/young person should you be unable to do so.** | | | | |
| 1. Name: | | 1. Name: | | |
| Relationship to child/young person: | | Relationship to child/young person: | | |
| Contact No: | | Contact No: | | |

**Section Two: Booking Details**

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| **Sessions Requested:** |
| **Venue: Herons Dale Primary School, Hawkins Crescent, Shoreham-by-Sea, West Sussex, BN43 6TN**    Tues 14th April  Weds 15th April  Thurs 16th April  Fri 17th April    Short day: 8.45am to 3.30pm @ £21.00 per child  Long day: 8.45am to 5.30pm @ £24.50 per child  Preferred dates:  Due to continued high demand for places, we anticipate being able to offer each child/young person two sessions over scheme. Please select all days your child/young person could come to scheme, indicating your preferred days. **We will issue booking confirmations during the week commencing 9th March**; please check this carefully so you are clear on the sessions we have offered you. |

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| **Payment of Fees** |
| A **booking confirmation and invoice** will be sent to you before the scheme begins. Full payment must be received by the date specified on the invoice. Failure to make full payment by this date may result in your child/young person’s sessions being cancelled. |
| Does anyone else contribute towards the fees (e.g. Social Care/The FED)? Yes  No  If **Yes**, provide details below:  Organisation Name:  Amount or %: |
| **IMPORTANT: Cancellations & Changes to Bookings** |
| Extratime must receive at least **2 weeks’ notice** of any cancellations or requests to change bookings. Refunds will not be given if this notice period is not adhered to. Whilst we try to be flexible, changes to bookings are subject to availability. Fees are still payable if your child is absent due to ill health. |

**Section Three: About your Child/Young Person**

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| **General Information** |
| Help us ensure your child/young person has the best time at Extratime by giving us an overview of their interests and activities they enjoy doing (especially if your child/young person is pre-verbal): |
| Does your child/young person have any dislikes and/or fears which we should know about? Yes  No |
| If **Yes**, please give details: |

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| **Additional Needs & Disabilities** |
| Does your child/young person have any additional needs and/or disabilities? Yes  No  If **Yes**, please complete the section below. |
| Please describe any additional needs or disabilities that your child/young person has. Please include any diagnosed conditions (e.g. autism, Down’s Syndrome, deafness) as well as any other additional needs. |
| Does your child/young person use any special aids, e.g. wheel chair, walking frame, hearing aid etc: |
| **Communication** |
| Does your child/young person have a written Communication Plan? Yes  No  If **Yes**, please can you provide a copy. |
| Is your child/young person able to communicate verbally? Yes  No  If **No**, how does your child/young person communicate e.g. Makaton, BSL, PECS etc: |
| Does your child/young person understand simple requests? Yes  No |
| Are there any key words or symbols that you or your child/young person uses to indicate things? |
| **Personal Care & Hygiene** |
| Does your child/young person need to wear pads/nappies during the day? Yes  No |
| Is your child/young person being toilet trained? Yes  No  If **Yes**, is there anything you would like us to do to support this? |
| **Food & Drink (Please note all our settings are nut-free zones)** |
| Does your child/young person need help at snack time? Yes  No  If **Yes,** please outline what support they might need and aids used: |
| Can your child/young person sit on the floor to eat a snack? Yes  No |
| Does your child/young person prefer to eat upright, i.e. in a chair? Yes  No |
| What does your child/young person drink from, e.g. a cup with lid or straw: |
| Is there any food or drink that your child/young person **MUST NOT** have? Yes  No  If **Yes**, please give details: |
| **General Behaviour** |
| Does your child/young person have a written Behaviour Plan? Yes  No  If **Yes**, please can you provide a copy. |
| Is your child/young person likely to wander off/run away from the group? Yes  No |
| Will the child/young person respond if called? Yes  No |
| Does your child/young person get easily upset or have sudden outbursts? Yes  No |
| If **yes to any of the above**, what may cause them to do so and what is the best way to support them? |

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| **Please tell us anything else you feel may be relevant or helpful in the general care of your child/young person when they are with Extratime** |
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**Section Four: Health & Medical Information**

Please complete this section as fully as possible, using additional sheets if needed. Extratime’s Administration of Medication Policy is available on request and on our website.

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| **General Information** |
| Does your child/young person have any known medical conditions?Yes  No  If **Yes**, please provide details: |
| Does your child/young person have any known allergies?Yes  No  If **Yes**, please provide details: |

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| Emergency Medication |
| Does your child/young person have a written Emergency Medication Plan/Protocol? Yes  No  If **Yes**, please can you provide a copy. |
| If there is a written Emergency Medication Plan, do you wish for your child/young person to be given emergency medication if needed? Yes  No |
| If **Yes,** you give your consent for your child/young person to be given: |
| Medicine name: |
| Amount per dose (if not pre-prepared): |
| To be given in the following circumstances: After       minutes |
| Should a second dose be necessary, give after       minutes **if** *(describe circumstances)***:** |
| Other instructions *(e.g. how many minutes before calling parent carers, an ambulance etc)*: |
| If **No**, please outline any other protocol to be followed *(e.g. how many minutes before calling parent carers, an ambulance etc)*: |
| Other Medication Please note that a new Medication Form must be completed every time there is a change/addition to medications you would like your child/young person to be given while at Extratime. |
| Does your child/young person need any regular medication to be given to them while at Extratime?  Yes  No |
| If **Yes**, you give your consent for your child/young person to be given: |
| Medicine name: |
| Storage requirements: |
| Amount per dose: |
| Frequency/time(s)/duration of dose: |
| Information related to administering the medicine *(e.g. to be given with food/drink)*: |
| **GP Details**  In the event of an emergency we may need to contact your child/young person’s GP. |
| Name & address of child/young person’s GP: |
| GP’s telephone number: |
| Consent to Administer Medication  Please select ‘Yes’ below to confirm that you agree to the following statement. |
| *I request that the treatment/s and/or medications set out in this Booking Form be given in accordance with the information provided, by a responsible member of Extratime staff who has received necessary training. I understand that it may be necessary for this treatment to be carried out during outings as well as on Extratime premises.*  *I undertake to supply Extratime with drugs and medicines in properly labelled containers and to keep Extratime informed of any changes.* Yes  No |
| Consent for Emergency Medical Treatment  It may be necessary for Extratime to make decisions about your child/young person’s medical needs if we cannot contact you in the event of an emergency. We therefore ask that you consent to Extratime making such decisions if these circumstances occur. Please tick ‘Yes’ below to confirm that you agree to the following statement. |
| *I consent to any emergency medical treatment deemed necessary while my child/young person is at Extratime. I authorise staff to sign any written form of consent required by medical professionals if the delay in getting my signature is considered by those professionals to endanger my child/young person’s health and safety.*  Yes  No |

**Section Five: Data Protection Declaration**

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| **Extratime is registered under the EU General Data Protection Regulation 2018 and the 1998 Data Protection Act in respect of personal data that it holds.  Please tick the below to confirm that you agree to the following statement:** |
| **Privacy Notice:** by completing this form you are giving Extratime consent to use the information contained within for the purposes for which it is provided. We may occasionally contact you with information about our services and fundraising activities, but Extratime will not share your contact details with third parties. Where a need to share your contact information is identified, Extratime will contact you for consent prior to doing so.  **I confirm I agree to the Private Notice above**  If you would like further information about our data protection and information sharing policies you can obtain copies from Extratime’s website (www.extratimebrighton.org.uk). If you have any queries or concerns please call us (01273 420580) and we will be very happy to talk it through. |

# **Section Six: Consent**

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| Sunscreen | |
| I consent for sunscreen to be applied to my child/young person as necessary. Yes  No  **Please also provide a sun hat for your child/young person to wear when appropriate.** | |
| Face Paint | |
| I consent for face paint to be applied to my child/young person as necessary Yes  No | |
| **Trips** | |
| I consent for my child/young person to take part in trips on the understanding that they will return by the end of the session*.* Yes  No | |
| Photography & Video | |
| Sometimes we take photos/videos of the children/young people taking part in our activities. These images may be used for display purposes at the venues, in publicity material, funding applications, on our website and uploads to social media (i.e. Facebook) etc. We will only include your child/young person with permission and at no time mention their name on the materials produced.  I consent to my child/young person having their image taken whilst at Extratime and used as detailed above.  Yes  No  I consent for partnership agencies to use these images as agreed by Extratime (you would be contacted to discuss this further). Yes  No | |
| **Contact with Other Professionals** | |
| Extratime is committed to ensuring your child/young person is safe and happy whilst with us. On occasion, it may be helpful for us to talk to your child/young person’s teacher or other named professional so that we can ensure we are fully able to meet all their needs during their time with us. | |
| Do you give consent for Extratime to talk to your child/young person’s teacher? Yes  No | |
| Do you give consent for Extratime to talk to your child/young person’s named professional/s? Yes  No | |
| Do you give consent for your child/young person’s teacher and/or named professionals to share relevant documents and written information with Extratime? Yes  No | |
| Named professionals e.g. social worker, carers: | |
| Name: | Contact no:  Email: |
| Name: | Contact no:  Email: |

**Section Seven: Signature**

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| **Please ensure this form has been fully completed before signing to confirm that the information provided is accurate to the best of your knowledge.** |
| Child/Young Person’s Name:  Signed (parent/carer):  Print Name:  Date: |

**Section Eight: Ethnic Monitoring Form**

The 1989 Children Act asks that we consider your child / young person’s ethnic origin. We would be grateful if you would complete the following and return it to us anonymously. The information will be used to monitor the numbers of children / young people from all sections of the community using our services. All information will remain strictly confidential.

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| --- | --- | --- | --- | --- | --- |
| **I would describe my child/young person’s ethnic group as (please tick one)** | | | | | |
| Black/Black British |  | Asian/Asian British |  | White |  |
| African |  | Indian |  | British |  |
| Caribbean |  | Pakistani |  | Irish |  |
| Any other Black background\* |  | Bangladeshi |  | Traveller of Irish Heritage |  |
|  |  | Any other Asian background\* |  | Gypsy/Roma |  |
|  |  |  |  | Any other White background\* |  |
|  |  |  |  |  |  |
| Mixed |  |  |  |  |  |
| White & Black Caribbean |  | Chinese Origin |  |  |  |
| White & Black African |  | Other origin\* |  |  |  |
| White & Black Asian |  |  |  |  |  |
| Any other mixed background\* |  |  |  |  |  |
| \*Please specify | | | | | |
| What is the main language you use at home? | | | | | |

*The information from this form will be separated from the booking pack and used anonymously by Extratime for equality monitoring and statistical purposes*

**Thank you**

**PLEASE RETURN COMPLETED FORMS TO: Post: Extratime, Village Centre, 43 Windlesham Close**

**Portslade, BN41 2LY**

**Email:** [hello@extratimebrighton.org.uk](mailto:hello@extratimebrighton.org.uk)

**Tel: 01273 420580**