

Holiday Childcare Scheme

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St Matthias School, Bacon Street, London, E2 6DR.

October Holiday Scheme 2019 Application Form Children aged 3-13 years.

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Parent/ Carer Are you Working In receipt of Working Tax Credit/Universal Credit? Non-working Non-Working Non LBTH resident Information Short breaks Referrral Please note for short breaks and referrals additional paperwork must be completed before a booking will be confirmed						
Mr Mrs Ms Surname						
First name ID number (office use)						
Address						
Postcode Email						
Your contact number Your 2nd contact number						
How did you hear about the scheme? Website School Social Care Friends/Family Returning parent Other						
Childs information First name Surname Date of Birth DD/MM/YY M/F Current school number year (office use)						
DD/MM/YY M/F						
DD/MM/YY M/F						
Ethnic Group Monitoring information - please tick Asian Black White Mixed/Dual Heritage Bangladeshi Caribbean Eastern European White & Black Caribbean Pakistani African White British White & Black African Indian Somali White Irish White & Asian Chinese Other African Other White background Prefer not to say Vietnamese Other Black Other Black below Other - please state below Other - please state below Other - please state below						
Doctors name Telephone						
Practice address						
Does your child need any medication administered? If yes, please provide us with brief details including the child's name if more than one child is listed above:						
Please ensure all medication is brought and collected to and from the scheme daily, and handed to a member of the management team.						
Does your child have any allergies, including plasters? YES NO If yes, please provide us with brief details including the child's name if more than one child is listed above:						
Does your child have any special educational needs? If yes, do you consent for us to obtain a copy of your childs statement/EHCP? YES NO N/A If yes, please provide us with brief details including the child's name if more than one child is listed above:						

Please authorise up to 3 other adults/family members who can be contacted in case of an emergency and/or allowing them to collect/take your child from/to the Tower Hamlets Holiday Scheme						
Full name	Relationship to child A	ddress		Contact number		
PLEASE NOTE an increase i	n fees, calculate vour co	ost based on the new	fees. Refer to the web	site for more information		
PLEASE NOTE an increase in fees, calculate your cost based on the new fees. Refer to the website for more information Dates for October Holiday Scheme 2019 Monday 21-Friday 25 October (5 days) TIMES COST PER						
St Matthias School, Baco			october (o days)	CHILD PER DAY		
Monday 21 Oct	T 9am- 8am- 5pm 6pm	ick if you require Breakfast 8-8.45am		Working parents resident in Tower Hamlets in receipt of Working Tax Benefits (Proof must be shown when booking to be eligible) 9am-5pm £13.00 8am-6pm £17.50		
•				Working parents resident in		
Tuesday 22 Oct Wednesday 23 Oct				Tower Hamlets 9am-5pm £15.00 8am-6pm £19.00		
Thursday 24 Oct				Non-working parents in receipt of benefits (Proof must be shown		
Friday 25 Oct				when booking) 9am-5pm £6.25		
·				Non-residents of Tower Hamlets		
Please select days and times you would like to book (click on the box to select) 8am-6pm £45.00						
How do you wish to pay? AIMS/Credit/Debit Card Cash Please state the company you are registered with						
Please enter the total amount please do not post cash	to pay:		Tlease state the company y	ou are registered with		
Additional notes: you must e	enclose proof of benefit	if applicable.	Please do not process child you have called the office to	dcare vouchers payment until		
If completing an application as part of a referral, please ensure you complete a referral form.						
Consent The Holiday Childcare Scheme has a duty of care to safeguard all attending. During your child/children's time at the Holiday Childcare Scheme, they will take part in lots of fun and adventurous activities. Risks in play activities are an important part of growth and development. I consent to any emergency medical treatment that may be necessary while my child is in the care of the Tower Hamlets Holiday Childcare Scheme YES NO						
Photographs and publicity I give permission for my child/children to have their photograph taken We may use these images in printed publications that we produce, as well as other Tower Hamlets publicity purposes.						
Local trips and outings I consent to my child/children attending local trips/outings from the scheme YES NO						
Sun cream I consent to staff applying sun cream to my child/children YES NO						
Changing and toileting If children wet or soil themselves at the Holiday Childcare Scheme they will be supported sensitively by a member of staff. Please provide spare clothes for your child.						
Observations At times staff will record observations of your child and these may be shared to support safeguarding them and or their development.						
Our privacy statement and a range of policies and procedures are in place to ensure the safety and wellbeing of anyone at the scheme, these can be found on www.towerhamlets.gov.uk/hcs Scheme of any changes to the details on this form.' I am aware of the Holiday Childcare Scheme policies and procedures and agree to abide by them.						
Please complete your name and relationship to the child, and tick the 'Yes agree' boy to declare that I have read and agree to all the statements contained						
All information given on this form is 'I understand that it is my responsi		tion. consent to. '	rm unless clearly ticking the I or the person taking my chil egister to confirm your agree	'No' box for anything I do not Id/children to their first day will ment to above'.		
Yes I agree Full name			Relationship to c	hild		