



Holiday Camp Enrolment Form

FORENAME		SURNAME	
DATE OF BIRTH		GENDER	
ADDRESS			
POSTCODE		TELEPHONE NUMBER	
EMAIL ADDRESS			
PARENT/ GUARDIAN		WORK NUMBER	
		MOBILE	
EMERGENCY CONTACT		TELEPHONE NUMBER	

Medical Conditions and medications that your child currently takes.

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Allergies e.g. nuts, plasters.

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Disabilities, additional needs, behavioural concerns information that would assist us with your child's experience at holiday camp.

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Other Information

Does your child require armbands? Yes No

Use of Photographic Equipment

Throughout the holiday programme, The Pickaquoy Centre may take pictures and/or videos of your child participating in activities. These images will be used to promote the Holiday Camp and may be used on the Pickaquoy Centre's social media channels, website or printed materials. You can request photos of your child taken by the Pickaquoy Centre at any time and receive a high-res copy of the image or video for your own personal use. All images and videos will be stored in accordance with our Privacy Policy and only used by the Pickaquoy Centre.

Do you consent to images and/or videos taken of your child for the purposes stated above?

Yes No

Contacting You

From time to time the Pickaquoy Centre will send out emails that include surveys of your experience using our Holiday Camp. We do this to get your feedback and see what improvements can be made for you and your child. We also send emails that inform you of 'What's On at the Picky' so you don't miss out on holiday activities, drop-in sessions, events and taking place at the Pickaquoy Centre.

Do you consent to receiving emails that include surveys? Yes No

Do you consent to receiving 'What's On at the Picky' emails? Yes No

Data Protection

Any information given may be retained on our database. It will be used by The Pickaquoy Centre only.

Parental/Guardian Consent

- 1) I agree to my child participating in holiday programmes activities.
- 2) I understand it is my responsibility to drop off and collect my child on time.
- 3) I will inform The Pickaquoy Centre of any changes/ updates to this form.
- 4) I will send my child with appropriate clothing for the range of activities provided each day.
- 5) I have read and understand all information contained within the pack.
- 6) I consent to emergency medical treatment being administered to my child if required.
- 7) I understand I need to provide my child with a packed lunch.

Parent/Guardian Signature		Date	
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I agree if my child is disruptive or misbehaving during the holiday club I will be called to collect them and I will not be entitled to a refund.

Parent/Guardian Signature		Date	
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