

# **CHOLSEY COMMUNITY DEVELOPMENT TRUST FUN DAY**

**20<sup>TH</sup> FEBRUARY 2019**

**9.30am-3.30pm**

## **Welcome to our first fun day**

The day is organised by the CCDT and Val Bolt is leading with adults who help run the summer playscheme. Most of these work at Cholsey School and have the relevant DBS, training and skills to run the day. This day aims to provide a full day of activities for all children between the ages of 5 and 11. Parents are welcome to stay and join in or sign the declaration at the end of this form leaving the children in our care. Places are limited.

Please note there are funds available for families in financial difficulty, those with restricted incomes or those on Income Support. PLEASE feel free to approach us in confidence as we would like to give all children in Cholsey the opportunity to join in this fun day.

Activities available will include:

- Arts and Crafts, board games, Lego, loom etc.
- Outdoor sports and games – on the Cricket field weather permitting
- Indoor games

Please ensure children are dressed appropriately for outdoor activities

## **Cost**

The day costs £6 per child and includes lunch, unless agreed payment must be made to secure a place before the day via our website [www.cholseycdt.org.uk/events](http://www.cholseycdt.org.uk/events), cash or chq to the CCDT office at The Great Hall

## **Care**

Adult volunteers supervise children and every attempt is made to ensure that the children are supervised at all times.

## **First Aid**

Most of our volunteers have up to date First Aid Training. It is important that you ensure the Registration Officer has accurate contact names and telephone no. in case of any accident or illness. If your child has any health problems or special needs we are not aware of please ensure we have details in writing.

## **Lunch arrangements**

A hot lunch of soup or hotdogs will be provided with a cake and fruit. Please advise us if your child has any food allergies. You may also supply a packed lunch.

**CODE OF CONDUCT**

PLEASE READ AND SIGN THIS DECLARATION AFTER DISCUSSING IT AND READING IT WITH YOUR CHILDREN SO THAT THEY UNDERSTAND WHAT IS EXPECTED OF THEM.

**BEHAVIOUR**

The success and enjoyment of the day owes much to the good behaviour of all the children who attend; therefore it is very important that all children follow the direction of the adult volunteers. Any child whose behaviour threatens to disrupt the enjoyment, health or safety of others may be asked to leave

PARENT/GUARDIAN NAME: \_\_\_\_\_

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

Names of children at \_\_\_\_\_

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**DECLARATION**

I GIVE PERMISSION FOR (CHILDS NAME/S)

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TO ATTEND THE CCDT FUN DAY ON 20<sup>TH</sup> FEBRUARY 2019

. TO BE SIGNED BY  
PARENTS/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS:  
HOME \_\_\_\_\_ MOBILE \_\_\_\_\_ WORK \_\_\_\_\_

**REGISTRATION FORM (PLEASE COMPLETE ONE PER FAMILY).**

<u>NAME OF CHILD</u>	<u>Date of Birth</u>	<u>LUNCH REQUIRED</u>

Total number of children	TOTAL paid	£
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Would you like to be contacted regarding your child(rens) place by:

Mobile  or Email

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**PERMISSIONS FOR ATTENDANCE INCLUDING MEDICAL INFO (1 PER CHILD PLEASE- EITHER PHOTOCOPY PAGE OR COMPLETE ADDITIONAL FORMS).**

**CHILDS FULL NAME** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Child's Doctor** \_\_\_\_\_ **Tel No:** \_\_\_\_\_

**Surgery Address:** \_\_\_\_\_

**Allergies/Medical conditions:** \_\_\_\_\_

**Any other important medical information (include recent illnesses and injuries, chronic conditions)**

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

**SHOULD ANY URGENT MATTER OF CONCERN ARISE, I GIVE PERMISSION FOR STAFF TO ADMINISTER OR SEEK EMERGENCY MEDICAL TREATMENT AND/OR ADVICE**

**Parental signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Emergency contact details:**

**Name:** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **or** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **or** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Non- Medical Permissions**

Photography

Photos may be taken and would only be used for our own records and promoting (advertising). Photos will not be reproduced without express permission of the organisers.

**I give permission for my child to appear in photos**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GDPR**

We collect personal information when you register. We use this information to run our activities, communicate with you, and maintain records.

I consent to my data being stored and used for these purposes by CCDT organising members.

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_