



The Pickaquoy Centre Holiday Camp

Enrolment Form

SCUBA NO (Admin Only)		Surname	
Forename			
Date of Birth		Gender	
Address			
Postcode		Telephone Number	
Email			
Parent/ Guardian		Work Number	
		Mobile	
Parent/ Guardian		Work Number	
		Mobile	
Emergency Contact 1		Emergency Contact 2	
Telephone Number		Telephone Number	
Mobile		Mobile	
Relationship to child		Relationship to child	
Child's Doctor			
Address			
Telephone Number			

Please select which dates you wish to book for your child

WEEK 1		WEEK 2	
Monday 31 st March 2014		Monday 5 th April 2014	
Tuesday 1 st April 2014		Tuesday 6 th April 2014	
Wednesday 2 nd April 2014		Wednesday 7 th April 2014	
Thursday 3 rd April 2014		Thursday 8 th April 2014	
Friday 4 th April 2014		Friday 9 th April 2014	

Please give information on any medical conditions, e.g. epilepsy or diabetes

Please give information on any special needs or disability, including behavioural difficulties

Please give information on any allergies, e.g. nuts or plasters

Do you grant us permission to contact the emergency services if required?	Yes		No	
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Children have the opportunity to participate in water-based activities. To be able to join in with these, your child must be able to dress themselves, this may need to be taken into consideration when choosing clothes for your child to attend the holiday programme.

Does your child want to take part in water-based activities?	Yes		No	
Does your child need armbands?	Yes		No	
Is your child enrolled into the Easter Learn to Swim classes?*	Yes		No	

*If your child is enrolled, a member of our Holiday Camp team will ensure your child is accompanied to and from their lesson.

Use of Photographic Equipment

Throughout the holiday programme The Pickaquoy Centre may take pictures and/or video of your child participating in activities. These images will be used for marketing and promotion of The Pickaquoy Centre. If you object to us taking photos/video content please sign below.

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How did you hear about The Pickaquoy Centre Holiday programme?

Leaflet from Centre		Website	
Leaflet from school		Word of mouth	
Poster in centre		Other	

What other activities/ suggestions would you make about the Holiday Camp?

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Would you be interested in enrolling your child into a Summer Holiday Camp?

YES		NO	
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If yes would you consider enrolling your child/ren on to a full day holiday programme? If no please give reasons.

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If yes which dates?

Monday 7 th July – Friday 11 July	
Monday 14 July – Friday 18 July	
Monday 21 July – Friday 25 July	
Monday 28 July – Friday 1 August	
Monday 4 August – Friday 8 August	
Monday 11 August – Friday 15 August	
Monday 18 August	

Is there any other activities we have not offered that you or your child/ren would like us to consider?

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Do you think the price of the sessions are (please circle)

Excellent value for money

Good value for money

Too Expensive

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.

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

Parent/Guardian Signature		Date	
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<u>Reception Use Only</u>	
Receipt No: _____	Receptionist Signature: _____
Date: _____	Confirmation Given: <input type="checkbox"/>