



# Session Selection form

Name of child: \_\_\_\_\_

## Weeks 1, 2 and 3 – Community Centres

Will be delivered in one of the following Community Centres. Please select the Community Centre your child will attend.

- 1. The Springfield Centre Idlethorpe Way, Idle, Bradford, BD10 9JB
- 2. The Greenwood Centre, Wood Lane, Bradford, BD2 1JX
- 3. Ravenscliffe Youth Centre, Roundwood Ave BD10 0LL

  
  


The Community Centre will be delivering sessions on **Tuesdays, Wednesdays and Thursdays** during these weeks. Please tick which days you wish your child to attend the Community Centre sessions

<b>Week 1</b>	Tues 30 <sup>th</sup> July		Wed 31 <sup>st</sup> July		Thurs 1 <sup>st</sup> Aug	
<b>Week 2</b>	Tues 6 <sup>th</sup> Aug		Wed 7 <sup>th</sup> Aug		Thurs 8 <sup>th</sup> Aug	
<b>Week 3</b>	Tues 13 <sup>th</sup> Aug		Wed 14 <sup>th</sup> Aug		Thurs 15 <sup>th</sup> Aug	

Please can you indicate any special arrangements we need to be aware of with these sessions (e.g. late arrival, early pick up etc)....if known:

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## Week 4 - Buckden House Residential (Tues 20<sup>th</sup> to Thursday 22<sup>nd</sup> August)

Please express your interest in the residential by ticking this box. More details about the residential will be published and communicated with parents nearer the time.

## Week 5 – Hanson School

<b>Week 5</b>	Tues 27 <sup>th</sup> Aug		Wed 28 <sup>th</sup> Aug		Thurs 29 <sup>th</sup> Aug		Fri 30 <sup>th</sup> Aug	
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Please tick which days you wish your child to attend the Hanson School sessions.

Please can you indicate any special arrangements we need to be aware of with these sessions (e.g. late arrival, early pick up etc)....if known:

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# Consent form

This consent form should be completed by the parent or legal guardian in order for your child to participate in the events outlined in the programme. It is essential to complete this form correctly and hand back to the School.

Child's Name _____
Date of birth _____
Name of parent/Guardian _____
Relationship to child _____
Address _____ _____
Emergency contact name _____
Emergency contact telephone number _____

Please provide a **second** emergency contact name and telephone number:

Name _____ Relationship to child _____
Telephone number _____

*Please note it is essential that we are able to contact one of these two numbers in the event of an emergency.*



**Other important information:**

If your child has any medical conditions we need to be aware of, please give details below.

Special dietary needs \_\_\_\_\_

Does your child suffer from:      Asthma       Hay fever       Diabetes

Nut allergy       Any other allergy? (penicillin, anaesthetic etc) \_\_\_\_\_

Will your child carry any medication? Yes/No

Please specify \_\_\_\_\_

Any additional information you feel will allow us to provide the best experience for your child

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

Please tick below to which you give consent:

- I consent to my child using transport organised by and during the Summer camp period. This includes using Hanson School mini-buses and our designated insured drivers or hired coaches.
- I consent to the use of photo/video containing my child's image in any school related material for publicity or administrative purposes.
- I consent to my child taking part in all of the activities organised by the Springwood Summer Camp, unless I state otherwise.
- I consent for the sharing of my details with authorised workers in order to support my child to participate in the Transition camp fully.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

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