Dear Parent/Carer,

Your child is invited to apply for a place on our free holiday club (HAF) during the Christmas holidays.

Sessions run from 8.30 to 4.00 on Tuesday 3rd January and 8.30 to 3.30 Wednesday 4th, Thursday 5th and Friday 6th January 2023.

The sessions will take place at various venues:
Tuesday - trip to Lea Green (Lea Green provide transport, so, drop off and pick up from Shipley Parish Room)
Wednesday and Thursday - Shipley Parish Room, The Field, Shipley DE75 7JH.
Friday - venue to be confirmed.

During the sessions the children will have the opportunity to create their own lunch and build their social skills by eating together. They will spend time doing craft activities, team games, sports and games, as well as having the opportunity to spend some time on quiet activities.

The children will also take part in our wellbeing programme. They will learn about moods, emotions and feelings, anxiety and finding calmness, kindness and gratitude, resilience and much more.
The activities, learning, breathing techniques and meditations will give the children tools and strategies that they can use for the rest of their life to help them manage their wellbeing.

To apply for your child's place, please complete the attached registration form and pop the number of spaces you require for each session in the table below, then return them to school by Friday 2nd December.

Places will be allocated and email confirmation sent W/C 12th December.

If you have any questions please do not hesitate to get in touch by phone: 07435 168707 or by email: info@infinite-wellbeing.co.uk and we will get back to you as soon as we can.

We are looking forward to seeing you and your child very soon.

Yours sincerely,

Rebecca
Infinite Wellbeing

	3rd January	4th January	5th January	6th January
Number of children				

Registration Form

Date of Registration:

First name:	Surname:	What s/he likes to be called:
Date of birth and current age:	School attended: First language:	Name of person completing the form:

Parent/Guardian details

Title:	First name:	Surname	Title:	First name:	Surname
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Work address:			Work address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Email address:			Email address:		
Does this person have parental responsibility? Yes/No			Does this person have parental responsibility? Yes/No		
Does anyone else have parental responsibility for this child? Yes/No *(If yes, please provide details overleaf.)*					

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Please detail any additional/special needs your child has: (please provide full details)
Please detail any dietary requirements/food allergies for your child: (please provide full details)

Consent

I do/do not grant permission for photos and videos of myself/my child to be used. I understand that personal details or names of any person in a photograph will never be given in such a way that would allow them to be individually identified.
I give permission for my child to receive first aid/emergency treatment if necessary.

Signature of Parent/Carer: **Date:**

Lea Green
Learning and Development centre

DERBYSHIRE County Council

Day Visit – Consent form

This form must be completed and returned to Lea Green Centre staff prior to your child / young person being allowed to participate in any activities.

Child's name: _____ Date of birth: _____ Age: _____

Address: _____

_____ Postcode_____

School: _____

Emergency Contact

Name: _____ Tel no: _____

Medical / Dietary Information

1. Does your child / young person have any conditions requiring medical treatment, take any medication regularly or have any **dietary requirements**? YES / NO

If yes, please give details _____

_____

2. Name and phone number of family doctor: _____

Declaration

I am aware that a day visit to Lea Green Centre will include adventurous activities and therefore has inherent risks. The activities may include High Ropes/Team Swing or Low Ropes activities, rock scrambling or stream walks. I confirm that my son / daughter/ child has no pre-existing medical condition that would prohibit him / her from taking part in an adventurous activity.

My son / daughter / child will receive appropriate safety briefings but must be aware of the need to follow instructions and to behave in a safe and sensible manner.

I give consent for any filming or photographs taken of my son / daughter during their stay at Lea Green Centre to be used for publicity purposes by Derbyshire Outdoor Education Service and Derbyshire County Council.

Please note: participants are not covered by a personal accident policy. Parents / guardians who may wish to arrange this cover are asked to consult their own insurance company. Participants are provided with a recommended kit list. Please make sure that all personal belongings are clearly marked with the participant's name. It is not advisable to bring valuable items. Any items brought to the Centre will be held at the individual's own risk and the Centre will not be held responsible should they be lost or damaged. The use of mobile phones is prohibited when taking part in activities.

Name: _____ Signed: _____

(Please print) Date: _____

For more information on how Lea Green Centre uses data we hold about you, how long we keep it and your rights relating to it, please visit our website http://leagreen.derbyshire-outdoors.org/privacy-policy/ For further information visit www.derbyshire.gov.uk/gdpr