

Freedom Activity Camp

Le Petit Coin, Highfield Estate, La Route du Petit Clos, St Helier, JE2 3FD



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Please tick the weeks required	11th-14th April	19th-22nd April	25th-29th July	1st - 5th August	8th - 12th August	15th-19th August	22nd - 26th August
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The cost of the camp is £180 per child per 5 day week.

The 4 day weeks (with bank a holiday) cost £155

Name of child:

Date of Birth:

We will be opening during the Easter holidays and the first 5 weeks of the Summer holidays, and whilst we will be offering a range of activities similar to those offered in the past, at this point in time, we are unsure what specific regulations will be in place, hence some activities may need to be modified. As we know more, we will update you.

If we are unable to open, we will refund in full, all payments made.

Please indicate your child's main area of interest:

Sport Art/Craft/Pottery or Dance & Drama.

You may secure a place by transferring the full amount or a deposit of £20 per child per camp.

The cost of the After Camp Club (through to 5:30pm) is £12 per session. You may book as few or as many sessions as you need. If you wish to book this facility

please tick here.

There is a 10% discount for brothers or sisters attending together or for children who currently attend a Freedom After School Club. A deposit of £20 per child per week is required when booking places.

Payments may be made to **ASC Freedom**

Sort code: 20-45-05

Account no 63216012

1 Main contact Name: e» Child's home address	Daytime no. Email:	2 Second contact Name: Email Daytime no.	Name and contact details of those with parental responsibility if different from 1 and 2: Name email
	Tel. Nos.	Tel. Nos.	Tel. Nos.

Drop off information will be sent to you before registration. The After Camp Club is open until 5:30pm.

Medical Details

Name of child's doctor: Doctor's tel. no. Doctor's address

Please give us any relevant information regarding your child's health. We need to be able to respond in an appropriate manner should assistance be needed. If there are no relevant conditions or allergies, please enter NONE.

Please delete as you feel appropriate;

I (give/do not give) permission for staff to administer a plaster should it be required.

I (give/do not give) permission for emergency medical treatment should it be necessary.

I (give/do not give) permission for the staff to display photographs on the club notice board or use social media as described in the Freedom Activity Camp Social Media Policy.

If your child needs to have medication given to him/her throughout the day, please speak with the manager.

Is there any medical information that you feel we should be aware of?

Does your child suffer from any allergies that we should be aware of?

Does the child have any behavioural issues or issues where the school give extra classroom support?

Has your child had any involvement with the Children's Office?

Are there any activities that you do not wish to have your child participate in?

I consent to my child taking part in the Freedom Activity Camp. I understand that whilst every precaution will be taken to ensure the safe participation of all participants, the organisers cannot be responsible for injuries, illness, accidents, theft or loss. In the event of the camp being cancelled on the part of the organisers a full refund will be made.
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Signature:

Relationship to child:

Date:

Visit www.freedomactivitycamp.com

email: freedomactivitycamp@gmail.com