



Children's Activities at Newton Community Centre

Hi there, Parents & Carers,

Newton Family Community Centre runs 2 children's clubs. Club 426 which is an after-school club that runs on Thursdays 4pm-6pm (term time only) and the Summer playscheme (Dates to be confirmed). All clubs are run by staff and volunteers of the centre.

Now to the serious stuff! In accordance with the Centre's policies, Safeguarding Children etc we must keep a register of all children attending the activities.

To avoid disappointment please ensure your children's activity registration form is returned by 3.00pm at least ONE DAY BEFORE your child's first visit to Club 426. Unfortunately, without this form fully completed we are unable to allow your child into the activity. Therefore, it is essential that you fill in all the requested details on the attached form (please PRINT all details clearly)

IMPORTANT The two contacts given must be available always during activity hours as we may need to contact one of them urgently by phone.

Also, please remember:

- 1) To protect your child with sun cream and provide them with a hat during hot weather.
- 2) Please ensure your child wears appropriate footwear - Wheelies and Heelies are not permitted,
- 3) If your child has head lice or is unwell please do not send them to the Centre, we will only have to send them home again.
- 4) We do not encourage children to bring in their own toys, especially iPods, PSP's and the like.

The procedures below have been implemented for the safety of your child.

- During the children's activities we have a 'closed door' policy i.e. during these hours the only people allowed into the Centre are paid workers, registered volunteers and authorised visitors.
- As the car park is used as a play area it will be inaccessible during the activity hours.
- We will ensure that your child is supervised during activity hours, either by a paid worker or adult volunteers. **We follow current DBS guidelines.**
- All children leaving before the end of the activities hours must report to the office to be 'signed out'. This applies whether your children have permission to go home on their own or with an adult. Please make sure they are aware of this.
- Unfortunately, we are unable to administer any medication to your child but are willing to support a child to take medication with your permission if this is the case we will need full instructions from yourself to support your child with this. Could you please provide a member of staff with this information.

We cannot be responsible for what your children chooses to eat during the children's clubs, if they have any allergies (e.g. nuts), please ensure that the children know what they are not allowed to eat, and it is mentioned on the registration form. Children have access to drinking water always and we also sell a range of snacks and drinks in our Snack Bar e.g. crisps, chocolate, toast and juice.

We run an inclusive centre, therefore if your child has additional needs please contact us (prior to the start of the activity) to discuss support available.

We want everyone to enjoy their time at our activities and we will not tolerate bullying or unkindness of any sort.

Fortunately, we rarely experience problems within the children's clubs, however, we realise there may be occasions when a situation arises that may worry you or your child. Should this happen, please contact a member of staff and the matter will be given immediate attention.

Copies of all our policies and procedures are available upon request for you to read at your discretion.

You can follow us on  **NewtonCommunityCentre** (like our page to get regular updates or follow us on  **@NewtonCommCentre**

****PLEASE DETACH THIS LETTER AND KEEP IN A SAFE PLACE FOR REFERENCE****

NEWTON-LE-WILLOWS FAMILY AND COMMUNITY CENTRE

To avoid disappointment, it is **ESSENTIAL** that you enter the information requested below. **(BLOCK CAPITALS)** and return it to the Centre by 3.00pm THE DAY BEFORE your child's first visit.

CHILDS DETAILS

Name of Child
Age.....M/F.....
Address.....PostCode
Date of BirthSchool Class

YOUR DETAILS

Name of Parent/Carer
Telephone.....
Email.....

CONTACT DETAILS (please ensure you enter TWO names and their details)

Name of 1st Contact Telephone
Relationship to Child Mobile
Name of 2nd Contact Telephone
Relationship to Child Mobile.....

Who will be collecting your child/children after the activities have finished?
NAME.....

If you are not able to collect your child, please ring the centre and confirm who will be picking them up and a password will be given to you for them to us (NB the password will change daily)

We offer lots of fun activities which occasionally include the following; please tick the appropriate box to allow them to take part.

	<u>Yes</u>	<u>No</u>
Face & Arm Painting	<input type="checkbox"/>	<input type="checkbox"/>
Food Tasting	<input type="checkbox"/>	<input type="checkbox"/>
Hand & Foot Printing	<input type="checkbox"/>	<input type="checkbox"/>
Henna	<input type="checkbox"/>	<input type="checkbox"/>
Participate in water play	<input type="checkbox"/>	<input type="checkbox"/>
Nail Art	<input type="checkbox"/>	<input type="checkbox"/>
Meal Time	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

Is your child allowed to walk home alone?

Can we take photographs of your child?

(Photos will be shared on social media, in the centre and local press. The names of children will not be shown in photographs. Occasionally videos may be taken for the same purpose. Personal details will not be shared, except in Local press where just name & age are printed.)

Does your child have any additional needs? Yes No If yes please give details

.....
Triggers.....
Suggestions to calm.....
.....

Medical Information

My child suffers from/has an allergy torequiring regular treatment.
Please give as much information as possible.....
.....
.....

I give permission for my child to self-administer medication Yes No

Please state medication

I give permission for first aid to be given Yes No

Doctors Name Telephone

Support/Social Worker (if applicable)

Name..... Telephone.....

I have read, understood and accept the conditions stated above and in the attached letter. Some of the information provided may be shared with other parties to assist in monitoring of grants. No personal information will be given out.

Signature of Parent/Carer Date

Name of Parent/Carer.....

Please note – This form registers your child to attend Club 426 a This form is valid till June 30th, 2022

OFFICE USE ONLY: Date received..... Date Processed..... Badge Made YES