Children, Young People,

Education and Skills

**Registration for Holiday Play and Youth Schemes: Summer 2022**

Please return your completed form as soon as possible or at least by **Thursday 23rd June** to childrenandfamilieshub@gov.je or by post to the address below.

|  |  |
| --- | --- |
| Parent Carer Contact Details: Name: Telephone:  | Address: Email:  |
| Child Young Person Details:Name:D.o.B / Age:School/ College: School year:   | Address if different to the one above: |

\*Please delete as applicable:

|  |  |
| --- | --- |
| My child has a named Social WorkerName:  | Yes / No\* |
| My child has a named Lead Worker / Family Partnership Worker/ Named NurseName: | Yes / No\* |
| My child attends Youth Services Inclusion activities | Yes / No\* |
| My child attends targeted short break sessions with Youth Service or Centre Point Trust | Yes / No\* |
| My child attends specialist short break sessions with Autism Jersey, Eden House or Oakwell | Yes / No\* |
| My child has a medical diagnosis Please specify:My child uses a wheelchair My child has a gastrostomy My child receives medication throughout the day Please specify: | Yes / No\*Yes / No\*Yes / No\*Yes / No\* |
| My child has a Record of Need | Yes / No\* |
| My child has a behaviour support plan | Yes / No\* |
| My child has a care plan  | Yes / No\* |
| Please provide any other information about your child’s needs that would be helpful for the provider to know:  |

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**Registration for Summer Holiday Play and Youth Schemes 2022: Sessions**

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| --- |
| ***Data Protection (Jersey) Law 2018***The information you provide will be used for the purpose of assessing support requirements for holiday play and youth schemes. It will be held securely and in line with current data protection legislation. The information provided by you will be shared with commissioned providers. It may be discussed with your child’s school and any person/professional identified by you on this referral form. We will not disclose any information that you provide to anyone else without your permission, except in the few situations where disclosure is required by law, or where we have good reason to believe that failing to share the information would put someone else at risk or when it is considered in the child’s best interest to do so.I agree to information about my child’s care and medical needs being shared to ensure that the right support is provided.  Parent/ Carer signature: Date: |

Please tick all sessions that you would like your child to attend:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | 25/7/2022Monday | 26/7/2022Tuesday | 27/7/2022Wednesday | 28/72022Thursday | 29/7/2022Friday |
| Morning (9am – 12pm) |  |  |  |  |  |
| Afternoon (12pm – 3pm) |  |  |  |  |  |
| Date | 1/08/2022Monday | 2/08/2022Tuesday | 3/08/2022Wednesday | 4/08/2022Thursday | 5/08/2022Friday |
| Morning (9am – 12pm) |  |  |  |  |  |
| Afternoon (12pm – 3pm) |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | 8/08/2022Monday | 9/08/2022Tuesday | 10/08/2022Wednesday | 11/08/2022Thursday | 12/08/2022Friday |
| Morning (9am – 12pm) |  |  |  |  |  |
| Afternoon (12pm – 3pm) |  |  |  |  |  |
| Date | 15/08/2022Monday | 16/08/2022Tuesday | 17/08/2022Wednesday | 18/08/2022Thursday | 19/08/2022Friday |
| Morning (9am – 12pm) |  |  |  |  |  |
| Afternoon (12pm – 3pm) |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | 22/08/2022Monday | 23/08/2022Tuesday | 24/08/2022Wednesday | 25/08/2022Thursday | 26/08/2022Friday |
| Morning (9am – 12pm) |  |  |  |  |  |
| Afternoon (12pm – 3pm) |  |  |  |  |  |

**The parental co-payment is £25 per full day and £12.50 per half day**

Please note that if your child does not attend a booked session, you will still be charged

|  |  |
| --- | --- |
| Total number of half days requested |  |
| Total number of full days requested |  |
| I confirm I will be paying the fees  | Yes / No |
| If another person / agency has agreed to pay the co-payment fees for your child, please state the name and organisation to be sent the invoice | Name:Organisation: |
| Parent carer name/ signature |  |

**Please return your completed form to arrive by Thursday 23rd June 2022:**

by email to:childrenandfamilieshub@gov.je

by post to: William Knott Child Development and Therapy Centre,

Overdale, Westmount Road,

St. Helier,

JE2 3LP

We will confirm your child’s allocation and provider details by **Thursday 30th June**