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CAMBERWELL AFTER SCHOOL PROJECT

14 Badsworth Road, Camberwell, SE5 0JY enq@caspuk.org Tel: 0207 708 2711

9/06/2021

**RE: SUMMER PLAYScheme will be held in a Covid-Secure way at
14Badsworth road camberwell se5 oiy**

Camberwell After School Project will be running a summer playscheme from Monday 26th July to Friday 27th August 2021, implementing social distancing activities whilst still having fun. Our opening times will be 8.00 am to 6.30 pm for children aged 4 to 12 years. We kindly advise you to book your places early as spaces are limited due to COVID-19.

The summer playscheme will be open to parents who are working and wish to use our services. Parents are asked to provide a healthy and nutritious packed lunch for their child/ren each day.

For playscheme service, **FULL advanced payment is required**; this is to be paid directly into the CASP bank account **using your child's name as a reference** (bank details attached). Please note this payment is non-refundable if your child/ren fails to attend.

To avoid late registration booking charges of £3.00, completed application forms and payment must be received by **Tuesday, 20th July 2021. All forms must be returned to the CASP office at 14 Badsworth Road, Camberwell SE5 OYJ. Email: finance@caspuk.org Tel: 020 7708 2711 for processing.**

Places will not be allocated to your child unless full payment is received in advance.

Confirmation and a playscheme timetable will be sent to you on receipt of your completed application form and payment.

Please note:

- Spaces are limited and are offered on a first-come, first-served basis so please ensure that your completed forms and payment is processed as soon as possible as we are usually fully booked before the closing date
- Forms returned by email or by hand without payment will not be processed until full payment is received via our bank account. Playscheme spaces will then be offered depending on availability

Thank you for your co-operation

Jennies Patterson

Play Manager

E-mail: jackhobbs62@caspuk.org



SUMMER PLAYSCHHEME PAYMENT OF FEES

Playscheme fees are required to be paid directly into the CASP bank account **using your child's name as reference** (paying by cash/cheque is no longer accepted)

Camberwell After School Project Bank Details are as follows:-

Bank Name **HSBC**
Account No. **31390643**
Sort Code **40-02-01**

Services Provided	Weekly Playscheme Fees table			Daily Playscheme Fees table		
Play Scheme Users	First Child £83.00	Second Child £77.00	Third Child £58.00	First Child £25.00	Second Child £25.00	Third Child £25.00
Play Scheme Non-User	First Child £93.00	Second Child £77.00	Third Child £68.00	First Child £27.00	Second Child £27.00	Third Child £27.00



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SUMMER HOLIDAY PLAYScheme APPLICATION FORM

Please complete this form and sign it on the last page

Your Child/ren Details (1- 6)

1. Please select the days your child/ren requires play scheme by ticking the boxes: **Summer 2021**

Child's Forename..... Surname

Week 1 – Week Beginning - Monday 26th July 2021

Monday 26th Tuesday 27th Wednesday 28th Thursday 29th Friday 30th

Week 2 – Week Beginning - Monday 2nd August 2021

Monday 2nd Tuesday 3rd Wednesday 4th Thursday 5th Friday 6th

Week 3 – Week Beginning - Monday 9th August 2021

Monday 9th Tuesday 10th Wednesday 11th Thursday 12th Friday 13th

Week 4 – Week Beginning – Monday 16th August 2021

Monday 16th Tuesday 17th Wednesday 18th Thursday 19th Friday 20th

Week 5 – Week Beginning - Monday 17th August 2021

Monday 23rd Tuesday 24th Wednesday 25th Thursday 26th Friday 27th



2. Child's Forename: Surname:

Other Name: 3. Sex: Female Male

4. Date of Birth:..... Age:.....

5. How many children do you have?..... Boys:..... Girls:.....

6. Child's position in the family: First Second Third Fourth Fifth

Mothers Details

7. Surname: Forename:

Home Address: Post Code:

Home tel. no:..... Mobile no:

Email Address:

Place of work/study:

Name known by at work/study.....

Is the employer/college aware of the family? Yes No

Work telephone number

Fathers Details

7.1 Surname..... Forename:.....

Home Address:..... Post Code:.....

Home tel. no:..... Mobile no:.....

Email Address:

Place of work/study:

Name known by at work/study.....

Is the employer/college aware of a family? Yes No

Work telephone number



The Reasons You Need Childcare (8-8)

8. Why do you need childcare? Please mark with **X** your reasons:

- I am working full-time I am working part-time
- I am studying full-time I am studying part-time
- I am Unemployed and the Benefit's I am on are:

.....

Other specify:.....

Applicant Forename:.....Surname.....

Your Marital Status (9-9)

9. Single Married Other

Other Information About Your Child (10-12)

10. Do you already have a child attending CASP?

- YES NO

11. Did your child attend another childcare service before CASP?

- YES NO

12.* Other agencies or support workers involved with the child's care

Agency Name:.....

Contact Name: Position:

Tel. no:..... Address:.....

.....



Your Child's Medical Needs (13-13.3)

13. Does your child suffer from any medical condition that we need to be aware of? (e.g. Food allergy, asthma, diabetes, epilepsy, obesity, sickle cell, etc).

YES NO

13.1 If yes please state:.....

(You will need to complete a medication consent form if your child requires medication within the time they are with us. N.B. medication must be prescribed by a Doctor)

13.2 Does your child have any special dietary requirements? i.e. nut or food allergy / religious or cultural requirements etc

Please state.....

.....

13.3 Please provide details of your Child's Doctor:

Surgery & Dr's Name.....

Address.....

Postcode..... Telephone number

Your Child's Educational and Behavioural Needs (14-14.1)

14 Has your child any particular needs you feel that we should be aware of?

YES NO

14.1 If yes please give details:.....

.....



MONITORING FORM (15-15.2)

15. How did you first hear about Camberwell After School Project (CASP)?

School Family member Friend By myself Council

Neighbour Internet GP Church/Mosque/Temple

Other please specify:

15. 2 Have you attended CASP Holiday Playscheme before Yes No

Please state the ethnic origin of your child:

African Caribbean Asian European White Chinese

Mixed Parentage – Please state.....

Other – Please state.....



Data Protection

CASP processes information about members of CASP, applicants, children, and other individuals for purposes of the administration and promotion of the organization, the effective provision of child protection, and welfare services.

Agreement to CASP processing some specified classes of personal data is the condition of acceptance of a child into any of CASP’s services.

I consent to CASP processing and disclosing relevant personal data as set out above, including the processing of sensitive personal data.

I attach a document with any objections to the processing of my data

(←Tick this box)

E-mail

Phone

PARENTAL CONSENT (16-16.1)

	SIGNED	DATE
I permit my child to be taken to the hospital in the event of an emergency and to seek any necessary emergency medical advice or treatment.		
I permit my child to have photographs/videos taken.		
I permit my child to take part in activities. I permit my child temperature to taken		

My full name is:.....

Signed:..... Date:..... Time:.....

Child’s full name:.....