

# 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	6th-9th April	12th-16th April	31st May-4th June	19th-23rd July	26th-30th July	2nd-6th August	9th-13th August	16th - 20th August
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The cost of the camp is £175 per child for the 5 day weeks, £140 per week for the 4 day weeks .

**Name of child:**

**Date of Birth**

We anticipate opening during the Easter, May half term and Sumer 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 not be possible. As we know more, we will update you.

**Please indicate your child's main area of interest:**

**Sport,                      Art/Craft/Pottery,                      or                      Dance & Drama.**

The children may have to be separated into "bubbles" so we anticipate being able to accommodate family groups and/or friendship groups. If the need for social distancing remains, our numbers may be limited.

We will be unable to accommodate children for part of the week, all bookings must be for the entire week and all payments must be contactless. Funds may be transferred or paid by card on the day of registration. **If we are unable to open, we will refund in full, all payments made.**

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 £11 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.

Payments may be made to **ASC Freedom**

Sort code: 20-45-05

Account no 63216012

<b>1 Main contact</b> Name:  Child's home address	Daytime no.	<b>2 Second contact</b>  Name: Email Daytime no.	Name and contact details of those with parental responsibility if different from 1 and 2: Name email Daytime no.
	Email		
	Mobile		
	Work		
	Other		

Mobile	Mobile
Work	Work
Other	Other

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 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?

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.

Signature:

Relationship to child:

Date

Visit [www.freedomactivitycamp.com](http://www.freedomactivitycamp.com)

email: [freedomactivitycamp@gmail.com](mailto:freedomactivitycamp@gmail.com)