



Easter 2017 Booking and Registration Form

Last year's clubs were over subscribed and we had to disappoint some families. To try to prevent this at Easter we have decided to, initially, limit places to 4 in total per child. We appreciate this may cause some families difficulties but hope you understand. After the cut off date of 24th February we will review the bookings and allocate any spaces to requests on the 2nd reservation sheet ('top up' sessions)

Please complete the form in full for the safety of your child and to assist our staff. This information is for the use of the Holiday Club only and is protected under the Data Protection Act.

If you have any queries please phone Ian Stentiford on 0118 947 1196 or e-mail bookings@thumbsupclub.co.uk.

Cost: £22 per place per day (plus an administration fee of £15 for bookings received after 24th February).

Would you like transport for your child if available?

Yes / No

Please note transport is extremely limited and only operates in the Wokingham and south/east Reading areas. Transport is operational every day but will be subject to availability and separate confirmation and there will be an extra charge of £7 per child per day.. Because we do not run the transport ourselves we cannot guarantee the gender of driver or escort.

Sorry, but we are unable provide any individual funding for bookings or transport

Child's Name.....Date of birth.....

Parent/Carer.....

First choice - sorry only 4 sessions in total initially

Monday	Closed		10 th April	
Tuesday	4 th April		11 th April	
Wednesday	5 th April		12 th April	
Thursday	6 th April		13 th April	
Friday	7 th April		Closed	

Top up sessions required, if available

Monday	Closed		10 th April	
Tuesday	4 th April		11 th April	
Wednesday	5 th April		12 th April	
Thursday	6 th April		13 th April	
Friday	7 th April		Closed	

Chair
Calendonias
7A Warren House Rd
Wokingham RG40 5PN

Bookings
115 Peppard Rd
Emmer Green
Reading RG4 8TR

Club operates at Easter & August
at Addington School
Woodlands Avenue, Woodley
Wokingham RG5 3EU

The Thumbs Up Club is the operating name of the charity Activity Club for Children with Special Needs (Berkshire)

Registered address at Calendonias, 7A Warren House Rd, Wokingham RG40 5PN Registered Charity No: 1104007 OfSTED Reg.No. EY401960Easter 2017TUC Booking Form 1



Please be aware booking details will be stored on our new on-line system to
which only the Committee have access

Information regarding your child

Name _____ Male/Female _____
Date of Birth _____ Ethnic Origin _____
(The reason for asking this question is that when we apply for grants etc we are often asked to provide this information and it can assist us in securing funding)
What school does your child attend _____ What LA _____
Home Address: _____
Postcode _____
Home telephone number _____ E-mail contact _____

Information regarding the Parents/Carers

Name of First Parent/Carer _____ Name of Second Parent/Carer _____
Home Telephone No. _____ Home telephone No _____
Work Telephone No. _____ Work telephone No. _____
Mobile _____ Mobile _____
Name of Social Worker _____ Emergency Contact _____
Work Telephone No. _____ Address _____
Mobile _____ Home telephone No. _____
Work telephone No. _____
Mobile _____

Declaration

I agree to the Terms and Conditions as detailed with this Booking Form and the behaviour policy Yes/No
I give permission for my child to be photographed or videoed during club activities Yes/No
I give permission for sun cream to be applied by club staff Yes/No
I give permission for my child to have his/her face painted. Yes/No
I give permission for my child to take part in off site activities Yes/No
I agree that I have advised club of any activities which my child should not do e.g bouncy castle

Signed _____ Print Name _____ (Parent/Carer)
Date _____

Please return the completed booking form by February 24th to:
Ian Stentiford, 115 Peppard Rd, Emmer Green, Reading, RG4 8TR or e-mail to
bookings@thumbsupclub.co.uk
Cheques should be made payable to
Activity Club for Children with Special Needs (Berkshire)
Or payment can be made direct to our bank account Sort Code 60-24-21 Account number 90044460
You will receive a booking confirmation, and a separate transport confirmation if applicable, and if dates or transport you requested are no longer available a refund will be made for that portion. Please note dates are not definite until after you have received confirmation and payment has been made.

Medical Information

This information is for the Holiday Club use only and is protected under the Data Protection Act.

Name of child:

GP's Name:

Address:

GP's Telephone No.

Medication required to be administered by club staff.

PLEASE NOTE: If your child needs the following medication to be administered by club staff, you must provide a signed copy of the protocol sheet.

Buccal, Midazolam liquid, Rectal Diazepam or any invasive medicines.

Nature of your child's disability and/or special needs.

If appropriate please give details of any areas of behavioral concern and any recommended calming techniques that you use.



Please complete as appropriate for all of the questions below – this information enables us to plan and allocate staff in advance to ensure a safe and enjoyable time for the children at the club.

Medical

Does your child have epileptic fits? Yes/No
Please give details of medication required and describe the form seizures/fits take:

Is your child diabetic? Yes/No
Please give details of medication or special requirements:

Does your child have any allergies? Yes/No
Please give details:

Is there any other medication or special requirements, that we should know about? Yes/No
Please give details:

Medical declaration

I consent to my child being given their prescribed medication by staff whilst at the club Yes/No

I agree to my child receiving emergency medical treatment off site if required Yes/No

Signed: **Parent/Guardian**
Date **Print name**

[Staff are not allowed to administer any invasive medication (eg rectal Diazepam) or Buccal or Midazolam liquid unless we have the separate protocol form signed by your GP/Consultant. If we do not have a signed form we would not be able to accept a child who may require this medication at the club unless a parent or carer is able to stay and administer the medication. Please contact Ian Stentiford on 0118 947 1196 if you require one of these forms and you do not have one.]

NB Any medication that may be required must be provided in the original pharmacy packaging.

Toileting

Chair Calendonia 7A Warren House Rd Wokingham RG40 5PN	Bookings 115 Peppard Rd Emmer Green Reading RG4 8TR	Club operates at Easter & August at Addington School Woodlands Avenue, Woodley Wokingham RG5 3EU
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Please provide nappies or pads if your child uses them

Assistance required

Yes/No

Please tick as appropriate

In Nappies/Pads (parents must provide)

Full assistance needed throughout

Partial assistance only (please give details)

Hygiene assistance only – wiping and washing hands

Details:

Any special equipment used

Details

Anything else you feel we should be aware of:

:

Feeding

Assistance required

Yes/No

Please tick as appropriate

Gastrostomy Spoon feeding required

Encouragement needed

Assistance in opening packs & cartons

Any food intolerance or allergy?

Details:

Anything else you feel we should be aware of:

Lunchboxes must be provided by parents/carers and labeled

Please note there is no facility for heating food or refrigeration of lunch packs.

Equipment

Please tick any equipment used by your child

Wheelchair

Frame

Bed

Hoist

Buggy

Other

Details:

Social Behaviour

a) Does your child bite?

Yes/No

b) Does your child have a tendency to express himself/herself through physical aggression?

Yes/No

c) Does your child interact with other children?

Yes/No

d) Does your child prefer to play on their own?

Yes/No

e) Does your child have a tendency to wander?

Yes/No

f) Does your child receive one-to-one assistance at school?

Learning

related

Yes/no

Behavior related

Yes/no

Anything else you feel we should be aware of:

How does your child communicate?

Please tick all that apply

Speech

Signing

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Thumbs UP



Details of any restrictions

Which Type?

Mixture of Speech and Signing
Makaton

PECS
Other
Details

General

- a) Does your child have any particular fears or phobias?
Details:

Yes/no

- b) Are there any other details you think would be helpful for us to know to help ensure a safe and enjoyable time for your child?

Activities

What activities does your child generally enjoy:

What activities does your child not enjoy:

TERMS AND CONDITION OF MEMBERSHIP

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Thumbs UP



1. THE THUMBS UP CLUB WILL BE OPEN TO CHILDREN AGED 3-19 YRS WITH A DIAGNOSIS OF LEARNING DIFFICULTY OR DISABILITY. EVERY EFFORT WILL BE MADE TO INCLUDE ALL CHILDREN PROVIDING THE NEEDS OF THE GROUP ARE NOT COMPROMISED.
2. EACH SESSION WILL BE FROM 09:30 - 16:00 UNLESS STATED OTHERWISE.
3. THE COST OF TRANSPORT WILL BE CHARGED SEPARATELY.
4. IN CASE OF LATE COLLECTION FROM THE CLUB A FEE OF £10.00 WILL BE IMPOSED ON THE PARENT/CARER. IF A CHILD IS NOT COLLECTED BY 16:30, SOCIAL SERVICES MAY BE CONTACTED.
5. ALL BOOKINGS MUST BE MADE AND PAID FOR IN ADVANCE.
6. THERE WILL BE NO REFUND FOR A CANCELLED BOOKING UNLESS THE PLACE IS SUBSEQUENTLY TAKEN UP.
7. CHILDREN WILL NOT BE ALLOWED TO DEPART THE CLUB UNACCOMPANIED.
8. THE MANAGER WILL KEEP ALL PARENTS/CARERS INFORMED OF ANY BEHAVIOUR ISSUES THAT ARISE DURING THE CLUB AS APPROPRIATE.
9. ALL PARENTS/CARERS AND STAFF WILL BE REQUIRED TO OBSERVE THE CLUBS EQUAL OPPORTUNITES POLICY AT ALL TIMES.
10. THE CLUB WILL NOT ACCEPT ANY RESPONSIBILITY FOR LOSS OR DAMAGE TO PERSONAL BELONGINGS, INCLUDING CLOTHING. PLEASE ENSURE ALL BELONGINGS ARE NAMED. IT IS RECOMMENDED THAT CHILDREN DO NOT BRING VALUABLE ITEMS TO THE CLUB. PLEASE NOTE THAT SOME ACTIVITIES MAY BE MESSY.
11. FULL DETAILS OF THE CLUB'S POLICIES ARE AVAILABLE UPON REQUEST.
12. THE CLUB RESERVES THE RIGHT NOT TO ACCEPT CERTAIN BOOKING REQUESTS, TO ACCEPT THEM ON A TRIAL BASIS, OR TO SET CERTAIN CONDITIONS, IF THE CLUB MANAGER SO DECIDES.
13. THE CLUB RESERVES THE RIGHT TO PHONE THE PARENT/CARER DURING THE DAY TO REQUEST THAT THE CHILD BE TAKEN OUT OF THE CLUB THAT DAY, IF THE CLUB MANAGER SO DECIDES.

THE CLUB TAKES PLACE AT ADDINGTON SCHOOL (NEXT TO BULMERSHE LEISURE CENTRE),
WOODLANDS AVENUE WOODLEY WOKINGHAM RG5 3EU.

CLUB MOBILE (07874 234242) WILL BE AT THE FRONT DESK DURING THE CLUB TIMES.

THE CLUB CAN ALSO BE CONTACTED BY E-MAIL AT bookings@thumbsupclub.co.uk

THE CLUB WEBSITE IS www.thumbsupclub.co.uk

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