## **Methodist College Belfast**



## Half Term Activity Camp 2020

Monday 17<sup>th</sup> February 2020 Friday 21<sup>st</sup> February 2020

## Who Can Attend?

Boys & Girls aged 4-11 in Nursery/Primary/Prep School

## **Hours of Operation**

9.30am – 4.00pm

### **Waiting Times**

8.30am – 9.30am & 4.00pm – 5.00pm @ No Extra Cost

#### Cost:

1 child = £100 for 1 week Monday – Friday inclusive

or

£20 per day per child (for a minimum of 3 days) No family discount given

## Contact No's at MCB:

Mr David Wells Tel: 07710378266 Email: <u>david@davidwellstours.com</u>

or

Sports Hall Office Tel: 028 9020 5216 (only when camps are in operation)

#### Activities at the Camp



Computers



Cookery



**Swimming** 



**Inflatables** 



Sports Activities Arts & Crafts



Day trip to:

Dundonald International Jce Bowl

**Indianaland or Ten Pin Bowling** 

#### **School Gateway**

Payment for the MCB Camp; will be through School Gateway only. No payment; will be taken by cash or cheque. If you are paying by Childcare Voucher; this must be done in advance. Please contact the MCB Fee; office at: accounts@methody.org

All parents must have access to the School Gateway via the App or <u>www.schoolgateway.co.uk</u> if you do not have a smart phone. We recommend using the app if possible as it makes it far easier for us to contact parents' when we need to. The app is free to download.

Apple iPhone users: App store, download here: https://schoolgateway.co.uk/iosdownload

Android users: Play Store, download here: https://schoolgateway.co.uk/androiddownload

or alternatively please search for School Gateway in your App Store.

For identification purposes, the logo for the App is as at the bottom.

To activate your account please register as a NEW USER and enter the email address and mobile number which the College already holds for you.

For assistance:

If you have any questions or would like more information please see the School Gateway site here: <u>https://schoolgateway.co.uk</u>

If you have difficulty logging on and need to check the log on information we hold for you please email <u>kbrand568@c2kni.net</u>



## <u>Health & Safety Regulations</u> <u>Terms & Conditions</u>

The Half Term Camp hours are from:

- 9.30am 4.00pm each day
- The minding service (free) is from:
  8.30am 9.30am & 4.00pm 5.00pm
- Methodist College Belfast will not be responsible for children left unsupervised outside these hours
- Places are limited and confirmed upon payment through School Gateway
- Payment is considered as acceptance of the booking conditions and must be made by 3pm 1 day in advance of the booking
- Cancellations made up to two weeks before the Camp will receive a 50% refund. Any cancellation made after this time will not be refunded
- We strongly recommend that all valuables be left at home
- The MCB Management reserve the right to suspend any child that causes disruption to the Camp due to misbehaviour

By signing the application form you accept that your child may be used in photographic or video material for promotional purposes only by Methodist College.

## <u>Methodist College Half Term Camp 2020</u> <u>Registration Form</u>

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Date – please	tick which day(\$)	you require:				
Monday	Tuesday	Wednesday	Thursday	Friday		
Please note completion of registration form does not guarantee a child's place as places are allocated on a first come first served basis.						
COST: £100 pc INFORMATIO	• •	r day per child. CON	DITION\$ APPLY, 1	EE		
	We welcome o	applications for child	ren of all abilities	;		
Unfor	tunately, we cann	ot offer specialist sup	port for individua	ıl children.		
However, u	vhere appropriate,	, we will make reason	able adjustments	, in consultation		
		with parent/guardia	IN\$.			
PLEASE COM	PLETE ONE FORM	PER CHILD				

#### CHILD'S DETAILS

Name:	
Address:	
Town:	
Postcode:	
Date of Birth:	
Primary School Attended:	

#### PARENT/GUARDIAN DETAILS:

Name:	
Address:	
Town:	Postcode:
Phone Number:	Mobile:
Relationship to Child:	(eg. Mother, Father, legal Guardian)
Email Address:	

# In case of an emergency, and in the absence of parent/guardian, please give details of 2 persons for contact: (DIFFERENT CONTACT FROM ABOVE, LOCAL AND CONTACTABLE DURING CAMP HOURS)

Name:	Name:	
Address:	Address:	
Phone Number:	Phone Number:	
Mobile:	Mobile:	
Relationship to Child:	Relationship to Child:	

#### CHILD'S HEALTH / OTHER DETAILS

To enable us to meet your child's needes we ask that you put any Medical/Other Conditions on the Registration form.				
Medical condition;				
Disabilities				
Behavioural Conditions				
Please state if any medication is taken in connection with these health/other conditions?				
Any other circumstances we should know about?				
Family Doctor:	Doctor's Phone Number:			
Please note this section must be compleged by the person who has legal Parental Responsibility for the child. <b>Note: Parental responsibility</b> . The Children (NI) Order 1995 defines those who have				

• Natural mother always has parental responsibility (unless child has been adopted).

Natural father has parental responsibility – if married to the mother at time of birth.

#### or gain; it:

parental responsibility as:

• By subsequently marrying the mother, through an agreement witnessed by a solicitor, through a parental responsibility order by a Court, post April 2002, if jointly registered child's birth.

#### **GENERAL CONSENT**

- I give consent for my child to attend the Half Term Camp noted on this form. PLEASE TICK
- I understand the terms and conditions outlined in the Information Booklet I have received and agree with their implementation. PLEASE TICK
- I understand that photographs may be taken of children attending camps for public relations purposes and for recording children's activities (excluding swimming) and I give/ do not give consent that my child may be included in such photographs. (DELETE AS APPROPRIATE).
- I understand that this is a general consent to attend all activities. PLEASE TICK
- In the case of a medical emergency I give my consent for emergency medical treatment.
   PLEASE TICK

I CONFIRM THAT ALL DETAILS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND I GIVE MY CONSENT FOR MY CHILD NAMED ABOVE TO ATTEND THE METHODIST COLLEGE HALF TERM CAMP 2020. I understand payment will be via the School Gateway app and is required in advance of attendance.

#### Signed: \_

Methodist College takes your right to personal privacy seriously. Personal information you supply will be used to assist with the delivery of the half term camp activities.

Parent/Guardian Date:

This information is processed for the above purposes based on your consent and will be held for a maximum period of two years from the date the information is collected.

You have a right to see and review the information held on you and withdraw your consent for the processing of your Information. You can do so by contacting Methodist College Belfast, Tel: 028 9020 5205.