



## Background

Has your child ever been excluded from school?

Yes

No

If yes please give details:

Does your child have any special dietary requirements that camp organisers need to be aware of? (e.g. vegetarian, vegan, religious or intolerances)\*

Yes

No

Most of the children who turn up at camp will be meeting our volunteers for the first time. Any additional information you can give us about them would be very useful. What does your child like doing and what are they good at? What do they not like doing?

Please give details:

## Medical Information

Does your child have any medical conditions (e.g. asthma)

Yes

No

If yes please give details:

Does your child have any allergies? For example, pollen (hay fever), nut allergy, lactose intolerance

Yes

No

If yes, please give details of how their allergy needs to be treated

Will your child need either of the following - If so please ensure the medication is sent on the transport with the camper. Please also ensure TWO of each are bought.

Inhaler

Epi pen

Does your child need any regular medication?

Yes

No

If yes please give details:

Has your child had any episodes which have required hospital treatment (Hospitalisation / Accident and Emergency visit) within the last 12 months?

Yes

No

If yes please give details:

Has your child had a tetanus injection in the last 10 years? This isn't mandatory

Yes

No

Does your child ever wet themselves during the day or night?

No

Yes - night only

Yes - day only

Yes - day & night

Does your child ever soil themselves during the day or night?

No

Yes - night only

Yes - day only

Yes - day & night

If so, is it okay to provide them with pull-ups?

Yes

No

Please provide any necessary further details

Does your child sleepwalk?

Yes

No

If yes, please give details of how you treat this at home?

Details of your child's doctor (G.P.)

Name:

Address:

Post code

Contact No:

## Safeguarding Information

The SVP has a Safeguarding Responsibility for your child whilst on Camp and the following information should be disclosed in order that the Society can fulfil this responsibility to the best interests of your child. E.g. does your child have a social worker, is your child subject of a Child Protection Plan or subject of a Common Assessment Framework (CAF)?

Are there any family issues we need to know about?

Yes

No

If yes please give details:

Is there anyone likely to seek contact with your child at camp that would not have permission?

Yes

No

If yes please give details:

Is the child subject to any current court orders?

Yes

No

If yes please give date:

## Emergency Contact

Who can be contacted in the case of an emergency?

Please make sure that this is somebody who is AVAILABLE DURING THE WEEK OF CAMP.

First Contact	
Full Name:	
Relationship to child:	
Contact Number	
Alternative contact No (i.e. work / mobile):	
Email address	
Second Contact	
Full Name:	
Relationship to child:	
Contact Number	
Alternative contact No (i.e. work / mobile):	
Email address	

## Transport Arrangements

Please select transport arrangement ✓ required

Harold Hill	Beckton	Central London	Own Transport
Most Holy Redeemer Petersfield Avenue, Harold Hill RM3 9PB Nr. Harold Wood Station and A12	St. Marks Church, Kingsford Way, Beckton London E6 5YA  (Nearest Train – Beckton ~ DLR)	TBC	Camp Site : Colchester  Exact address given in confirmation pack
Departure approx 15:00 Return approx 11.00	Departure approx 15:30 Return approx 12.00	Departure approx 14:00 Return approx 12.30	Dropoff 15.00 Pick up 09.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents, please note the above times and dates that your child will be picked up and dropped off by SVP Camp volunteers.  
Dates and transport arrangements for your child will be confirmed in the acceptance letter which will be sent to you prior to your child attending camp.

**Who will be collecting your child at end of camp at the drop off point?**

<b>First Contact</b>	
Full Name:	
Relationship to child:	
Contact Number:	
Alternative contact No (i.e. work / mobile):	
Email address:	
<b>Second Contact</b>	
Full Name:	
Relationship to child:	
Contact Number	
Alternative contact No (i.e. work / mobile):	
Email address:	

## Parental Consent

Do you allow your child to take part in supervised SWIMMING activities while at camp?

Yes

No

Is his/her swimming ability?

None   
(Requires arm bands)

Weak   
(Requires arm bands)

1 Length   
(Without arm bands)

Strong

During camp photographs are sometimes taken by the organisers, which may later be used for publicity, fundraising, social media or on our website. We will never disclose the child's name or any identifying personal details.

Do you consent to a photograph including your child to be used to this purpose?

Yes

No

Do you consent for The St John Bosco Camp to contact you about future camps?

Yes

No

Where did you hear about the camp ?

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## Declaration

I understand that if my child is homesick, ill or unable to fit into camp life, then my child may need to go home before the end of the holiday period. All payments are non refundable.

Yes

## Declaration

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE THE DECLARATION BELOW:

To ensure the smooth running of the camp and the safety and welfare of your child, please ensure that you have answered all of the above questions correctly and with as much detail as possible. It is your responsibility to ensure that the information you provide is accurate and up to date as camp staff can only act upon the information provided by you.

As the parent/carer of the above child, I agree to him/her attending the SVP St John Bosco Children's Camp and participating in all activities on offer. I give permission for the Camp Leader and/or their nominated helpers to administer my child's prescribed medications and the non-prescribed medications I have indicated they can have from the list in the medical information section. I give consent for my child to be taken for medical treatment should the need arise and for an appropriate adult to sign for medical treatment on my behalf. I have read and agree to the information on this form.

Signed:	Name:	Relationship to child:
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**WE CANNOT ACCEPT THIS APPLICATION UNLESS A TELEPHONE NUMBER IS GIVEN ABOVE AND THE PARENTAL CONSENT IS AGREED TO AND SIGNED.**

## Payment

Child is has a pre arranged sponsor:	
Option 1: I enclose a cheque for £165	
Option 2: I wish to pay online by credit/debit card or Paypal	

## Sponsorship

The section below needs only be completed where the child is being sponsored either by the SVP, school or other group.

Name of sponsor			
Sponsor's organisation			
Address			
Telephone number		Mobile	
Email address			

**Cheques, Postal orders to be made payable to (SVP) St. John Bosco Centre**

Please send this application form enclosing the suggested donation of £165 if paying by cheque to the appropriate booking secretary.

Secure electronic payment can be made through using debit, credit cards or Paypal

*Places are booked on first come first served basis and so could be fully booked before the closing date.*

## Postal & Contact Details

Boys Camp	Girls Camp + Mixed Camp
St. John Bosco Centre 22 Humber Road Witham Essex CM8 1TG	St. John Bosco Centre 62 Bell Farm Avenue Dagenham Essex RM10 7BA
07534065347 / boysbookings@boscocamp.co.uk	07491811167 / girlsbookings@boscocamp.co.uk 07491811167 / mixedbookings@boscocamp.co.uk

Please contact our booking secretaries via email or leave a message on our answerphone.  
We aim to respond to all enquires within 48 hours.

## Demographics - For statistical purposes only

The following information is collected for statistical purposes only, it will not be considered during the application process. This question is not mandatory but would help the society understand the families that it helps a little better

Prefer not say:

White:	Mixed:
A) British B) Irish C) Any other white background	D) White and Caribbean E) White and Black African F) White and Asian G) Any other mixed background
Asian	Black
H) Indian I) Pakistani J) Bangladeshi K) Any other Asian background	L) Caribbean M) African N) Any other black background
Any other ethnic groups:	Please indicate ethnicity code for your child:
O) Chinese P) Any other ethnic group Q) Not stated	.....