

Day Camp 2019

# Day Camp is Hill Cliffe Baptist Church's annual summer holiday club for children aged 6-11.

### The details:

| When:   | 19 <sup>th</sup> -23 <sup>rd</sup> August              |  |  |
|---|--|--|--|
| What time:  | 10am to 4pm daily                                      |  |  |
| Who for:  | Primary years 1-6 (ages 6-11)                          |  |  |
| Where:  | Hill Cliffe Baptist Church                             |  |  |
|   | Red Lane, Appleton, WA4 5AD                            |  |  |
| Cost:   | We ask for a donation of £45 per child                 |  |  |
|   | (cheques made payable to "Hill Cliffe Baptist Church") |  |  |
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N.B. The donation for Day Camp is a suggested amount; as such please do not let finances be a barrier to coming to Day Camp. Day Camp is a non-profit making week.

General timetable: A typical day starts with: fun in the marquee, followed by a service in church; a variety of activities including cookery, field games, craft; and free time. In addition, we spend some time in small groups every day exploring what relevance Jesus has to our lives. The week ends on the Friday afternoon with a carnival for all the family.

Staffing: All staff are volunteers and DBS checked.

Terms and Conditions: No booking is complete and no place is guaranteed until necessary paperwork is completed and returned. Bookings can only be taken for the whole five days. Bookings are made on a first come first served basis and places will be confirmed by email or telephone.

For further information please contact: Ruth Hughes: 07929 141357 or Email <u>ruth.hughes@hillcliffe.info</u>

#### PARENTAL CONSENT FORM (one form per child please)

| Name of child:              | Address:  |
|-----------------------------|-----------|
| Date of Birth:              |           |
| Current School Year:        |           |
| Names of Parents/Guardians: | Postcode: |
| Email:                      | Tel no:   |

Emergency phone number for parent/guardian: Name of Family Doctor: Address of Doctor:

Please give details of any health problems, medical conditions or allergies affecting your child, or any medication that they may be taking:

Date of last tetanus injection, if known:

School your child attends: Church your child attends (if any):

Are you happy to receive confirmation and all other communication by e-mail? Yes  $\Box$  No  $\Box$ 

If your child would like to be in a group with a friend, please write their name below (please note that this cannot always be guaranteed)

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#### To be read and signed by a parent or guardian:

I give permission for my son/daughter to take part in the activities of Day Camp. I give permission for emergency medical treatment to be carried out in the event that I cannot be contacted.

I understand that the Leaders will take all reasonable care in the running of the camp, but I acknowledge the possibility that my child may, for a short time, be out of sight of a Leader during their time there. I understand that personal accident insurance is my responsibility and that the Leaders cannot be held responsible for any loss, damage or injury suffered by my child whilst at Day Camp.

I give permission for photographic images of my child to be taken, which may be used for promotion or celebration by the Church. (Children's names will *not* be used) Yes  $\Box$  No  $\Box$ 

| Signed (Parent/Guardian): | Date: |
|---------------------------|-------|
|                           |       |

 $\Box$  I am happy for my data to be kept for the purposes of Day Camp 2019 and to inform me of the dates and application form for Day Camp 2020. It will not be shared with any third parties.

□ Please keep me informed of other activities at Hill Cliffe that my child might be interested in.

## **Charity Gift Aid Declaration – single donation**

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

[ ] I want to Gift Aid my donation of £\_\_\_\_\_ to:

### HILL CLIFFE BAPTIST CHURCH

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the 2019/2020 tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

### PLEASE PRINT IN CAPITAL LETTERS - all details below are needed

| Title<br>Surname  | First name <b>or</b> initial(s) |  |
|-------------------|---------------------------------|--|
| Full Home address |                                 |  |
| Postcode          | Date                            |  |

Please notify the charity if you want to cancel this declaration, change your name or home address, no longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

| Cheque       |    |
|--------------|----|
| Cash         |    |
| Date Banked/ | ./ |