

## May Half Term Enrichment Provision Venue: Toddington St George C of E School

Dear Parent/Carer

In partnership with local schools, the Central Bedfordshire Council is providing alternative provision for those families who work in Critical Care to provide support for families that work in Critical Care and cannot find alternative childcare in these unprecedented times.

This facility is only eligible for Key Worker and Vulnerable Children from Reception upwards.

Due to a limited capacity for health and safety reasons we must limit the numbers of children on site.

The health and safety of all children and staff is of paramount importance. We will be ensuring the correct social distancing guidelines are met and all equipment will be sanitized between use. The school site will also be deep cleaned before each day.

As well as providing a support facility for parents we will be putting together a rich programme of activities around music and sport for the children to enjoy. Many of these activities will be a new experience for the children and there will be a wide range of activities to engage with.

Parents and carers will need be responsible for transporting their child each day and providing a packed lunch and snacks.

Each day will start at 9:00am and finish at 3:30pm

If your family is in need of this provision over the half term break, please complete the consent form below and send back with your child to their current educational setting for collation.

The consent form must be completed for all children intending on attending, children will not be able to attend without this form.

Please also see attached the Photo Consent form for completion.

For more information please email <a href="mailto:Charlotte.Payne@Centralbedfordshire.gov.uk">Centralbedfordshire.gov.uk</a>

Yours sincerely,

Charlotte Payne Music Director Inspiring Music



## May Half Term Consent Form Toddignton St George C of E School

Pupil's Name:					
School:			Scho	ool Year	
Parent / Carer's			Emo	rgonov Tolonhov	200
Name		Emergency Telephone Number(s)		iie	
Parent / Carer's e-mail add	Irocc		INGII	iber(3)	
Name of adult collecting the					
Name of addit collecting the	e criiid				
Please tick the relevant box	x:				
Key Worker Child					
Vulnerable Child					
Education Health Care Pla	n (FHCP)				
Has a Social Worker	(2.101)				
rias a cosiai wonter					
If the child has a social worker please include the Social Worker's name:					
Please indicate (Y/N) which dates your child will need to attend this provision:					
	Tuesday	Wednesday	Thursday	Friday 29 <sup>th</sup>	
	26 <sup>th</sup> May	27 <sup>th</sup> May	28 <sup>th</sup> May	May	
	,	,	,	,	
I understand that I am responsible for transporting my child to the Half Term Enrichment Provision and collecting no later than 3:30pm.					
_	-				
Please note that your child will need to bring a packed lunch, drink and snacks each day.					
Lunderstand that Central	Redfordshire	Staff supervisi	na this provis	ion will take all	reasonable care of my
I understand that Central Bedfordshire Staff supervising this provision will take all reasonable care of my child, but that neither they nor the Local Authority can necessarily be held liable in respect of loss of, or					
damage to, property of my child arising from the activity unless that loss, damage or injury results from the					
					i injury results from the
negligence of Central Bedfordshire Council, its employees or official volunteers.					
I understand that my son/daughter will not be allowed to leave the venue during the course of this event.					
I agree to my child receiving medication, if required, as instructed by medical authorities present, including					
anaesthetic or blood transfusion.					
Door your shild have any known madical condition that the arranisars about he aware of					
Does your child have any known medical condition that the organisers should be aware of?					
Will your child be bringing any medication with them to the event? If so please give details:					
viii your office be bringing any medication with them to the event: It so please give details.					
GP Address:					
GP Telephone Number:					
Signed: (Parent/Carer) Date:					

Please return to your child's current school or directly to Charlotte.Payne@centralbedfordshire.gov.uk setting by 20<sup>th</sup> May