

**Thank you for all the information you have supplied. We will now read this information and may contact you again regarding any information you have given. Your child's place will be guaranteed when you receive a letter stating this, and NOT before.**

As part of our 25 year celebrations we are having special T-shirts designed which will be different from past years and available for one year only! If your child would like one of these, please circle the size below and include **£6**.

**Size: 28"** (116 cm)    **30"** (128cm)    **32"** (140cm)    **34"** (152cm)    **36"** (164cm)

**We also have caps available for £4:  
YES / NO**



**Please send to the Family Trust with:**



Your Child Form

Deposit (£50)

Money for T-shirt and/or Hat

Photo of your child if they have any food allergies

**Cheques need to be made payable to Chequer Tree Camp.  
Paying in instalments can be arranged by contacting the Family Trust.**

I approve of my child taking part in all games and activities at Camp. I am willing for my child to be taken on outings outside the Camp premises including travel on a coach, bus or mini-bus.

I understand that while away, my child will be under the Camp Director's care and control and that the staff will take all reasonable care of my child during Camp. However the Camp Director cannot necessarily be held responsible for any loss, damage or injury suffered by my child arising during the week of camp.

I consent to my child being given any medication necessary for their well being. I give consent to any emergency treatment (including blood transfusions) which may be necessary during Camp. I therefore authorise the Camp Director or his Deputy to sign, on my behalf, any written form of consent required, should emergency treatment be deemed necessary. This is provided that, in the opinion of the doctor concerned, the delay to obtain my signature would be considered likely to endanger my child's health or safety.

Signature \_\_\_\_\_

**The Family Trust**

Old School House, 4 Buckland Road.  
Maidstone. ME16 0SL  
ctc@familytrust.org.uk  
www.familytrust.org.uk



# Your child



Please fill in this form and return to the Family Trust office with a deposit of £50 to reserve your place on **Chequer Tree Camp 2012.**

**Week 1**  
(28th July - 3rd August)

**Week 2**  
(4th Aug - 10th Aug)

**This form is designed to help us know more about your child in order to give them the best possible camp experience, please fill in this form as accurately as possible and remember to look on the back too!**

Childs full name: \_\_\_\_\_

Name by which your child wishes to be known \_\_\_\_\_  
(This will appear on their badge)

**About you the grown up:**

Your full name: \_\_\_\_\_

Your address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Your relationship to the child: \_\_\_\_\_

Where will you be during camp: \_\_\_\_\_

Secondary contact: Name \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For Office use only:

Deposit: £ \_\_\_\_\_

Balance: £ \_\_\_\_\_

Second Payment: £ \_\_\_\_\_

Balance: £ \_\_\_\_\_

FP A D FD

Team: \_\_\_\_\_

Dorm: \_\_\_\_\_

T-shirt: \_\_\_\_\_

Hat: \_\_\_\_\_



**The Family Trust**

Registered charity number: 299019



# The child:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current school year: \_\_\_\_\_

What school does your child currently attend: \_\_\_\_\_

Does your child currently attend a church? If so which \_\_\_\_\_

Does your child receive any extra help in school? YES / NO

Details: \_\_\_\_\_

Does your child have any behavioural difficulties: YES / NO

Details: \_\_\_\_\_

Name of your doctor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child suffer from any medical allergies: YES / NO

Details \_\_\_\_\_

Have they any medical conditions: YES / NO  
e.g. asthma, diabetes, bedwetting?

Further details: \_\_\_\_\_

Does your child have any physical disabilities: YES / NO

Details: \_\_\_\_\_

**Please give full details of all medicines (including travel pills) that your child takes. Please state full type and dosage, adequate amounts of which must be supplied and clearly labelled.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child have been abroad in the three months before camp: Yes / NO

Details: \_\_\_\_\_

When was your child's last tetanus injection: \_\_\_\_\_

## Do you give permission for:

YES / NO Plasters to be administered:

YES / NO Paracetamol tablets to be given:

YES / NO For your child to use the swimming pool:  
(this includes playing in the shallow end if your child cannot swim.)



Photographs will be taken at Chequer Tree Camp. We use these in our newsletter, on our website and to promote our work. If you **do not** wish your child to be included in these photos please state clearly here.

I **do not** wish my child to be in any photos taken at Chequer Tree Camp

Are there any foods that your child is **not allowed** to eat: YES/NO  
If so please could you supply a small photo of your child to help the kitchen staff.

e.g. Meat, Dairy. \_\_\_\_\_

How far can your child swim: \_\_\_\_\_

Are there any aspects of camp your child is likely to find difficult?  
*ie. large groups, social mixing, physical activities.*

Is there anything else about your child we would find it helpful to know?

\_\_\_\_\_  
\_\_\_\_\_

## Has your child been to Chequer Tree Camp before : YES / NO

How many times: Once Twice Three times



Please give us the name of ONE child of the same gender and age your child would like to share a dorm with:

\_\_\_\_\_

*We will endeavour to match children with a friend but please understand this is not always logistically possible.*