

DAILY FAMILY SUMMER PROGRAMME

**FREE
NO COST**

**OLDER & YOUNGER
SIBLINGS WELCOME**



ACTIVITIES

FAMILY FUN SESSION
POOL PARTY
FAMILY LEARNING FESTIVAL

FREE LUNCH PROVIDED



**COLLECT FORMS FROM YOUR CHILD'S SCHOOL OR CONTACT :
chelsea.glass@south-ayrshire.gov.uk**

DAILY SUMMER PROGRAMME

PRIMARY 1 – PRIMARY 7

**CUT OFF DATE FOR CONSENT FORMS:
FRIDAY 13TH JUNE**

Consent forms will be collected from your child's school or you can send them to:

chelsea.glass@south-ayrshire.gov.uk

Older and younger siblings are welcome, add their details to the consent form.

Confirmation:

Your place will be confirmed by email or telephone, please provide all contact details in the consent form.

Family Festival:

Join us for some fun in the sun at Ayr Academy where you and your family can take part in a range of free activities and meet different services.

DAILY FAMILY SUMMER PROGRAMME

Please circle the trips and activities you would like to attend

Wednesday 16th
July

Family Fun Session
P1-P7

Daily Community
Hall
11am-12:30pm

Saturday 19th July

Pool Party
Babies-P7

Maybole
Community
Campus
12:30-2:30pm

Wednesday 13th
August

Family Learning
Festival
P1-P7
12pm-3pm

PLEASE CIRCLE

Pick up at Maybole
Community
Campus

Make own way

How your personal information will be used

It is our responsibility to keep your information safe. We will only collect the minimum amount of personal information we need to provide you with this service.

We will only share your information with Scottish Qualification Authority (SQA) and Social Work for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Council. We also have a duty to manage public funds, prevent and detect fraud so we may share the information you have provided with relevant bodies as is permitted by law.

To find out what to expect when the Council collects your personal information, please visit our website –

<https://www.south-ayrshire.gov.uk/privacy-notice/>

Personal Details: Parent Guardian 1

Forename:

Surname:

Prefer to be

Known as:

Address:

Postcode:

Date of Birth:

__ / __ / ____

Mobile Phone:

Home Phone:

Email:

Preferred Method of Contact: (Please Tick **Only one**)

Home Telephone ☐

Mobile Telephone ☐

Text Message ☐

Email ☐

Letter ☐

Gender:

Male ☐

Female ☐

Other ☐

Prefer not to say ☐

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes ☐ No ☐ Prefer not to say ☐

Ethnic Origin: (Please Tick One Box)

African, African Scottish, African British ☐

Caribbean or Black ☐

White – Other ☐

White – Scottish ☐

Asian, Asian Scottish, Asian British ☐

Mixed or multiple ethnic groups ☐

White – Other British ☐

Prefer Not to Say ☐

Other Ethnic Group (please specify)

Main Language Spoken

Carer – Do you care for someone? (This could be due to illness, mental health condition, disability, elderly, issues with drugs or alcohol/in recovery, neurodiverse, or help with communication.)

Yes ☐ No ☐

Prefer not to say ☐

Care Experienced – Have you ever been in care at any point in your life? (We ask this because we may be able to offer more opportunities and support if we know about your care experience):

Yes ☐ No ☐

Prefer not to say ☐

Parental Status (please tick one box)

Single Parent ☐

Parent in a Couple ☐

Not a Parent ☐

Parent – No Dependent Children ☐

Prefer Not to Say ☐

Number of Dependent Children

Childs Name	D.O.B	Name of Nursery/School			
Does the child/children live at the same address as detailed above?		Yes		No	
If no, please provide address details					

Employment Status (please tick one box)

Employed: Full-Time	<input type="checkbox"/>	Employed: Part-Time	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	Actively Seeking Employment	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	Economically Inactive	<input type="checkbox"/>
Retired	<input type="checkbox"/>	School Pupil	<input type="checkbox"/>
Student	<input type="checkbox"/>		

Please use this box to provide details of any long-term conditions/illnesses, allergies, medications, and special dietary requirements that may affect your participation

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Please supply a name and telephone number in the event of an emergency

Name:	Relationship
Telephone No:	

Why are you participating in this learning programme?

To improve my employment situation	<input type="checkbox"/>	To support my children and family	<input type="checkbox"/>
To become involved in my community/local school or volunteering	<input type="checkbox"/>	To learn/improve a skill	<input type="checkbox"/>
To gain information and knowledge	<input type="checkbox"/>	To improve my health and wellbeing	<input type="checkbox"/>
Any other reason?			

Photograph / Video / Recording Consent:

Photos, videos or recordings may be taken during activities for the purposes of building a portfolio of evidence. This may be used to promote achievements in the press or on social media and to provide evidence for inspection purposes.

Please tick this box ☐ if you give permission for photographs, videos and recordings during attendance at this programme.

Learner Name (print):

Date:

Learner Signature:

Communities Officer Name (print):

Date:

Communities Officer Signature:



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Personal Details: Parent Guardian 2

Forename:

Surname:

Prefer to be

Known as:

Address:

Postcode:

Date of Birth:

__ / __ / ____

Mobile Phone:

Home Phone:

Email:

Preferred Method of Contact: (Please Tick **Only one**)

Home Telephone ☐

Mobile Telephone ☐

Text Message ☐

Email ☐

Letter ☐

Gender:

Male ☐

Female ☐

Other ☐

Prefer not to say ☐

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes ☐ No ☐ Prefer not to say ☐

Ethnic Origin: (Please Tick **One Box**)

African, African Scottish, African British ☐

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White – Other ☐

White – Scottish ☐

Asian, Asian Scottish, Asian British ☐

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Yes ☐ No ☐

Prefer not to say ☐

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Yes ☐ No ☐

Prefer not to say ☐

Parental Status (please tick one box)

Single Parent	<input type="checkbox"/>	Parent in a Couple	<input type="checkbox"/>
Not a Parent	<input type="checkbox"/>	Parent – No Dependent Children	<input type="checkbox"/>
Prefer Not to Say	<input type="checkbox"/>	Number of Dependent Children	

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Date:

Learner Signature:

Communities Officer Name (print):

Date:

Communities Officer Signature:

