**APPLICATION FORM**

**Child’s full name**; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**

Name;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact no;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child suffer from any medical conditions, illness, special needs, and /or allergies?

Please state;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor’s name;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned hereby authorise a volunteer trained in First Aid may administer First Aid to my child as appropriate. I understand that every effort will be made to contact the named guardian in the event of an emergency, requiring medical attention. However, if they cannot be contacted I hereby authorise a Summer Camp volunteer to transport my child to the doctor’s surgery or to the appropriate hospital A&E department by ambulance or as is necessary and to secure the necessary medical treatment for my child.

**Charges**

€50.00 per child, €95 for two children, €140 for three children from the same family.

Payment in full with application before Friday, 17th, July. Places limited. Children will not be allowed to participate in the camp if they have not been pre-registered and their monies paid. Please do not put us in the position of having to refuse your child when they arrive.

**Application forms with payment can be left in a sealed envelope into the Post Office, or Happy Days Creche, Durrow.** Confirmation of places will be sent by text.

Please tick the box if you give permission for your child to be photographed or videoed, to be used to promote the festival ⃝

Please apply sun cream on your child, if necessary, before summer camp. In the event of wet weather, please include a change of clothes in your child’s bag.

In the interest of safety we would ask all parents and children to vacate the village as soon as possible after 1.00pm, as the village has to be prepared for opening to the general public.

All children must be signed in and out of Summer Camp.

**Parent/Guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**