

# GORBALS SUMMER SPECTACULAR

A FREE PROGRAMME OF ACTIVITIES

FOR CHILDREN AGED 5-12

TUESDAYS + THURSDAYS

BLACKFRIARS PRIMARY SCHOOL

INFORMATION FOR PARENTS +  
CARERS

# HELLO!

Thank you for your interest in the Gorbals Summer Spectacular Holiday Programme.

Enclosed is an application form and some more information on what you and your child should expect during the programme, and what we expect from you.

The programme fills up very quickly, so please return your application form as quickly as possible, detailing accurately which sessions your child will attend. Please take account of family holidays and other commitments, that way we can try and make sure no one misses out.

Before completing the application it is important that you understand:

- Places for the trip in the final week will be given to children who have attended most sessions;
- You may be contacted at any time if your child/children are found to be disruptive;
- You/your emergency contact must be available to collect your child during the session in the event of an emergency.

Please return completed applications to New Gorbals Housing Association, 187 Crown St, G5 9XT. Some paper copies of the application will also be available on reception.

Sessions will take place at Blackfriars Primary School, 310 Cumberland St, Glasgow, G5 0SS. There will be a choice of activities each day, including music, art and sport. Sessions are free and spaces are allocated on a first come first served basis.

The format of the day will be as follows:

10am - Registration/Breakfast

10.30am - Session 1

12.00pm - Lunch

12.30pm - Free Play

1.00pm - Session 2

2.30pm - Collection/Close

If you have any questions please contact Ailsa Clark on [ailsa@newgorbalsha.org.uk](mailto:ailsa@newgorbalsha.org.uk).

We look forward to meeting you and your children soon!



CONSENT FORM

GORBALS SUMMER SPECTACULAR  
Ailsa Clark / Katie Sutherland  
c/o New Gorbals Housing Association  
187 Crown St, Glasgow, G5 9XT  
Tel: 07495501606

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

**DATES CHILD WILL BE ATTENDING (PLEASE CIRCLE AS APPROPRIATE)**

**WEEK BEGINNING:** 1/7/19 8/7/19 15/7/19 22/7/19 29/7/19 5/8/19

- I agree that my child \_\_\_\_\_ (**name of child**) may participate in the above activities.
- I consent to any medical/dental/surgical treatment, which my child may require during the course of the activity.
- I agree/disagree that any photos or video footage taken by NGH/CHILDREN 1<sup>ST</sup> of my child may be used for evaluation or publicity purposes including social media sites (**delete as appropriate**)

My child does/does not suffer from any medical condition that requires treatment on a regular basis (*please delete as appropriate and give further details*).

Please detail in food allergies, intolerances or dietary requirements below.

**Your Details**

Name of Parent / Carer: \_\_\_\_\_

Address \_\_\_\_\_

Telephone No \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Doctors Name \_\_\_\_\_ Address \_\_\_\_\_

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

**IN CASE OF EMERGENCY PLEASE GIVE NAME AND TELEPHONE NUMBER OF CONTACT.**

Name of emergency contact \_\_\_\_\_

Telephone Number \_\_\_\_\_