Dear Parent/Carer

Please find enclosed an application pack requesting a place for your child on Pegasus Playscheme 2019. Please note the highlighted parts are changes to the scheme this year.

It is our intention to ensure that your child is fully involved and enjoys the whole experience of the scheme. To ensure that your child is safe and has someone who they can go to in the coming weeks, each child is allocated to a specific leader, whose responsibility it is to ensure your child is safe, happy and not afraid to fully engage in the scheme.

The groups are supported by a number of leaders and volunteers, who have lots of experience with working with young children and young adults and whose aim it is, to make your child’s summer one to remember. The staff/volunteers change yearly so it is vital that you supply us with as many details as possible to ensure the staff know as much about your child to ensure their Health & Wellbeing.

Incomplete forms will be returned and may jeopardise your child’s place on the scheme as we do operate a first come first served basis.

Everyday your child will come home with a home contact book, which lets you know what your child has done.
For any of you that are new to the scheme, at the end of the summer, your child will also receive a photographic memento of your child over the summer scheme.
We hope that you and your child are happy at every point along the way and should you wish to discuss any concerns you may have please feel free to contact me.
Due to the huge success of our unique scheme, may I suggest that you complete and return all of the relevant forms, as soon as possible but by Friday 28th June

Return them to the address at the top of this letter. Places will be offered on a first come first served basis.

If you are waiting for a doctor to sign the consent form for medication administered on the scheme, then please send all other forms and forward the medication form on to me when completed.

This year’s Playscheme will be running for 12 days from Astor College, Astor Avenue, Dover.
The dates are as follows:

**Thursday 25th July – Friday 9th August inclusive**

**Daily rate for each child is £30 per day**
First Day £15
The last day will be a full day this year. The groups will go out for the day on the bus and we will then have the ball in the evening

Following Social Service guidelines and inline with other day care providers

**FULL PAYMENT**

MUST be made before the 1st July 2019

All places will be offered on a non-refundable basis once the forms have been processed and your place is confirmed you will agree to:

“At this time parents, carers and guardians know of no reason why their child cannot attend Pegasus”

This ensures we have a full compliment of children each and every day and do not run with empty paid seats.

Cheques sent with the application forms are made payable to Pegasus Playscheme and posted to the above address.

If you have any queries then please contact me on the above number.

Kind regards
Sarah Slingsby
Criteria for all Children / Young Adults attending Pegasus Playscheme.

1. The children should have severe learning difficulties not confined to physical disabilities. Children with severe behavioural problems cannot be accepted.

2. The children should live in the Dover/Deal or surrounding area.

3. Any child must have reached their 8th birthday prior to the commencement of the scheme and must also not have reached their 22nd birthday prior to the completion of the scheme. (At the discretion of the committee)

4. The children should attend a specialist school, life skills course at least three days a week or attend a mainstream school (1-1 support). They should have an EHC plan or be in receipt of high needs funding.

5. The children should NOT require more than ONE TO ONE supervision.

6. It is the parent’s responsibility to transport the children to and from the venue.

7. Each child will be individually assessed for their care needs. If it is considered that these needs cannot be met safely within the scheme, the child will not be eligible.

8. Children in a wheelchair must be able to be assisted by a single staff member on and off the bus. They must be able to weight bear. Both the staff and child’s safety must be paramount at all times.

9. Pegasus will take full responsibility for the children during the hours of the scheme. These times must be strictly adhered to.

10. All children new to the scheme will be accepted on a 3 day trial to assess their needs and that they fit the eligibility of the scheme.

9.30am to 15.30pm Monday to Friday
   Day 1 - 12.30pm-3.30pm
   Day 12 – 9.30-3.30pm (last day)

Please ensure your child is signed in and out each day and collected promptly
Please ensure Pegasus have CORRECT emergency contact details

Exceptional circumstances and conditions will be dealt with at the discretion of the officers and committee of Pegasus.

Any problems arising from the above criteria should be raised with the Pegasus committee who will then explain the reasons for setting these criteria.
Our Key Aims

- To provide an active summer play scheme for children and young adults with a disability
- To increase the quality of life through integration and play
- To promote Good practice in youth volunteering
- To improve Opportunities for our local teenagers
- To help All children feel valued and develop self-worth
- To provide a high standard of care to all children/volunteers/parents/carers
- To support families at a time of need
- To strengthen communities and provide equal opportunities for people who are excluded or disadvantaged
- Bring together communities from different races and faiths, and promote a shared sense of belonging (community cohesion) to Develop key policies, ensuring a safe scheme.
- Offer excellent Value for Money
  
  ➢ Be healthy
  ➢ Stay safe
  ➢ Enjoy and achieve
  ➢ Make a positive contribution
  ➢ Achieve economic well-being

Staffing:
Each group will consist of a suitably qualified/trained and CRB checked Group leader, One Assistant leader, trainee leader and each child/young adult will have 1:1 support from a teenage volunteer buddy.

Lunch:
Please ensure your child has a packed lunch everyday unless stated in their home contact books or on the first day lunch will be provided. If your child cannot eat a particular food type please supply a packed lunch.

Summer Ball
Tickets will be sold for the Summer Ball during the scheme. A responsible carer MUST accompany ALL Children and Young adults. Pegasus committee, staff or volunteers are not responsible for your child after 3.30pm on Friday 14th August
Behaviour Management Policy

Pegasus Playscheme believes that children and adults thrive in an ordered environment in which everyone knows what is expected of them. They are free to develop their play and social skills without fear of being hurt or hindered by anyone else.

In order to achieve this:

- All staff will try to provide a positive model for the children with regard to friendliness, care and courtesy.
- Playscheme staff will praise and endorse desirable behaviour such as kindness and willingness to share.

When children behave in unacceptable ways:

- Physical punishment, such as smacking or shaking, will be neither used nor threatened.
- Children will never be sent out of the room by themselves.
- Where appropriate, a period of ‘time out’ may be used with a staff member.
- If it is deemed that a child has seriously misbehaved, the unacceptability of the behaviour and attitudes will be made clear immediately, but by means of explanations, rather than personal blame.
- In the case of misbehaviour, it will always be made clear to the child or children in question, that it is the behaviour and not the child, which is unwelcome.
- Adults will not raise their voices in a threatening way.
- Playscheme staff will make themselves aware of, and respect, a range of cultural expectations regarding interactions between people.
- Any behaviour problems will be handled in a developmentally appropriate fashion, respecting individual children’s level of understanding and maturity.
- Recurring problems will be tackled by the Playscheme partnership with the child’s parents/carers.
- Staff will be aware that some kinds of behaviour may arise from a child’s special needs.
- Staff will make sure that all volunteers are made aware of the contents of this policy.

This policy was adopted at a meeting of the Committee held in May 2009.

Signed on behalf of Pegasus Playscheme: Updated October 2016
Pegasus Playscheme 2019 Application Form

In order for your child’s application to be processed **ALL** of the questions must be completed **Fully. This information remains confidential.** Failure to do so will result in your form being returned

**Please DO NOT** answer with N/A
Each year we have new staff that needs as much information as possible to ensure they understand your child

**Child’s Name:**

Family Surname Name if different to child’s

Male  Female

Date of Birth:  Age at scheme:

Address:

Post Code:

**Email must be completed:**

I agree/do not agree to receive emails concerning fundraising events that are happening throughout the year

Primary carer Telephone home:  Mobile:

Emergency contact name, number, address and relationship to child:

Emergency contact details: (relationship to child, name, address, telephone number must be included)

1:

2:
Doctors Full Details:

Telephone Number:

School Attending:

First Language:

Ethnic Origin:

Nature of child’s disability: Please give as much information as you can.

Does your child use a wheelchair/buggy? If so is it all the time or for certain parts of the day, e.g. on walks as they get tired:

Does your child need help for any of the following, Drinking/Eating/Dressing? If they do please could you state the level of help that is needed, if your child wears pads do they stand or lay to have their pads changed:

Is there anything your child dislikes or is scared of:

Is your child allergic to anything?

Is your child on any special diet? If they are, please state what kind?

If your child is on a special diet could you please inform us if there are any sort of Ice cream /Ice lolly/ Treats they would prefer when out for the day?
Can your child swim unaided: Yes  No
If No what sort of swimming aid do they use, and will you be sending this with them on Swimming days?

Does your child have any routines or particular needs that you feel we should know about?

This document remains in a confidential folder at all times. It is essential it is filled in fully.

Signed:
Parent/Carer  Date:
## Consent Form

I give consent for my child _______________________

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I give consent for my child _______________________

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TO PARTICIPATE IN THE INDOOR AND OUTDOOR ACTIVITIES ON THE CONDITION THAT APPROPRIATE SUPERVISION IS PROVIDED

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TO UNDERTAKE ANY MEDICAL, SURGICAL AND DENTAL TREATMENT INCLUDING OPERATIONS UNDER GENERAL ANAESTHETIC AS MAY BE RECOMMENDED BY A QUALIFIED MEDICAL PRACTITIONER ONLY IN THE CASE OF EMERGENCY WHEN THE NEXT OF KIN CANNOT BE CONTACTED

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I CONSENT TO THE APPLICATION OF SUNTAN LOTION (PROVIDED BY PARENT/CARER), WET WIPES AND PLASTERS AS REQUIRED AT THE DISCRETION OF THE GROUP LEADER

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TO GO SWIMMING (SUPERVISED)

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TO TRAVEL IN THE PEGASUS PLAYSCHHEME MINI BUSES, SAFELY SEATED WITH THE USE OF A SEATBELT FOR ALL JOURNEYS

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TO APPEAR IN OTHER CHILDRENS’ COLLAGE PHOTO FRAMES AT THE END OF THE SCHEME, UNNAMED

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TO APPEAR ON ALL TYPES OF SOCIAL MEDIA, UNNAMED, THESE CAN INCLUDE INSTAGRAM, TWITTER, FACEBOOK AND THE PEGASUS PLAYSCHHEME WEBSITE

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TO APPEAR IN PHOTOS THAT WILL BE USED FOR FUNDRAISING AND PUBLICITY, INCLUDING THE NEWSPAPER, UNNAMED

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TO HAVE PHOTOS TAKEN ON THE PEGASUS PLAYSCHHEME GROUP CAMERA-PHOTOS WILL BE USED FOR YOUR CHILDS SCHEME MEMENTO

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**SIGNED:**

**PARENT/CARER**

**DATE:**
Transport Disclaimer

To comply with OFSTED regulations, it is necessary for Pegasus Playscheme to ask you to complete a disclaimer / consent form allowing your child to use Pegasus’ transport during the scheme.

Your child will be transported either by minibus or on foot on all outings. The minibuses are hired with Regent Coaches and are compliant to rigorous safety and roadworthiness checks. Each of the minibuses are fitted with seatbelts and the bus will not set off until each child is safely seated. All drivers will receive the appropriate Police checks.

The Playscheme are willing to use any personal travel seating which your child is used to.

DOES YOUR CHILD REQUIRE PRESCRIBED DRUGS OR MEDICINES DURING THE SCHEME?

Due to regulations set out by the Playschemes insurance company, we have guidelines which must be adhered to otherwise your child will have to be excluded from joining the Playscheme. These are:

1. The drug/medicine must have been prescribed by the child’s own medical practitioner.
2. It must be clearly labelled with the child’s name and dosage.
3. The Playscheme must have
   i. What condition the drug/medicine is for and its name.
   ii. How and when it should be administered and what, if any, training is required of staff.
   iii. If the child is consequently fit enough to attend the Playscheme.
   iv. Any other relevant information

Would you please fill in and sign the MEDICATION CONSENT FORM and ask your child’s G.P. to fill in and sign the information required. Without this information your child CANNOT attend the scheme. Please note this form only has to be signed by the G.P if the medication will be given during the hours of the scheme.

Please Note: If your child needs to / may need to take medication during the hours of the scheme you MUST make yourself known the group leader on the first day with specific instruction on how to administer the medication. Our staff has no medical training.
Medication Consent Form

Please complete to the best of your knowledge. Please ensure that all amounts and circumstances are given if required.

Childs name: ___________________________ D.O.B: ____________

Address:

Doctor’s name and address:

I hereby give my consent to the administration by the Group Leader and Assistant Leader to the above named child of the following medication.

Name of tablet: ____________________________

Amount: ____________________________

Time given: ____________________________

Rectal Diazepam (valium), Midazolam Buccal Liquid or other (please state)

_______________mg if

A) Fit lasts longer than ____________________________

B) There are more than ____________________________fits in an hour

C) These circumstances occur ____________________________

______________________________

Signed: ______________________ Parent/Career   Date: ________________

Please feel free to write any other information amount administering medication that staff may find useful:
THIS SECTION IS TO BE COMPLETED AND SIGNED BY PARENT/CARER.

I CONSENT TO MY CHILD___________________________HAVING THE DRUGS/MEDICINE SUPPLIED, ADMINISTERED AS DESCRIBED BELOW.

SIGNED: ___________________________ DATE: __________________

THIS SECTION IS TO BE COMPLETED AND SIGNED BY THE CHILD’S MEDICAL PRACTITIONER.

CHILD’S NAME: ___________________________

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<th>DRUGS/MEDICINE ADMINISTRATION</th>
<th>CONDITION REQUIRED FOR</th>
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Is any training required by Playscheme personnel for any of the drugs? **YES/NO**
If so, please specify:

Is the child’s condition stable enough to attend the Playscheme: **YES/NO**

G.P. NAME: ____________________________________________

SIGNED: ___________________________

DATED: __________________

**Pegasus Playscheme** is a registered charity and any charge made by the child’s medical practitioner must be paid by the parents.
## Attendance Request Form

**Childs name:**

**Childs age at scheme:**

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