

## PLAYSCHEME SEND INCLUSION FORM 2021

Please complete a separate form for each child

### 1 Playscheme and Contact details

<b>Name of scheme</b>  <b>BOSCAPS</b>	<b>Venue</b> <b>Humphrey Perkins School</b> <b>Barrow upon Soar</b>
Playscheme co-ordinator	Alison Johnston
Day time telephone number	
Email address	alisonjohnston2904@gmail.com

### 2 Child details and attendance booked

Parents to complete:

Childs name and address	Age	Hours per day	Days per week	No.of weeks

**3 Please outline the additional needs of the child**

**4 What support does the child require to attend the playscheme?**

**5 Does your child receive help at school?**

**6 Child's voice; please tell us about yourself, including anything that will help you to be happy here:**

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**I understand the playscheme has applied for Inclusion funding to support my child to attend and I agree for the playscheme to share this information with Leicestershire County Council:**

Signature:	Relationship to child:

**PLEASE FORWARD COMPLETED FORM WITH REGISTRATION FORM**

**Places are limited.**

**After receiving your application we will advise if there is a place available.**

**IMPORTANT INFORMATION IF YOU ARE ALLOCATED A PLACE**

**It is important that your child(ren) do not attend BOSCAPS if they or anyone in your household, have symptoms of Covid-19 infection or been in contact with someone with suspected Covid-19**