CHISWICK HOUSE SCHOOL

SUMMER 2019 SCHOOL

2 1/2 - 10 years

9th July - 30th August

9:00am - 1:00pm

EXTRA HOUR OPTIONS

EXTENDED PROGRAMME

ONCE UPON A SUMMER...

ABOUT US

Ms Alison and Ms Emma have teamed up for the 5th consecutive year to bring you another memorable Summer School experience. Together with their teams of specialised teachers and enthusiastic helpers, they are sure to fill your child's summer days with creativity, movement and above all, learning through fun!

The children will explore the magical world of stories as they delve into ancient myths and legends, to classic fables and everyone's favourite, timeless fairy tales. Through these stories, the children's imagination will be ignited and morals instilled as they gain an understanding of other cultures from around the world.

SUMMER BREAK:
12th August to 16th August
(both days included)

All classrooms are fully air-conditioned

IMPORTANT

Kindly note that spaces are limited so book your place now! Applications received before Thursday 11th April will benefit from our Early Bird offer.

SIGNING UP

Applicants are requested to fill in the following forms to secure their child's place: Application Form, Medical Form, Collection Form, Consent Forms and for non-CHS pupils, the Getting to Know You form.

Forms must be returned together with payment by not later than Monday 10th June 2019. A cancellation fee of €35 will be charged to applications withdrawn before Friday 21st June 2019. No refunds will be made after this date.

ACTIVITIES

Our different age groups will enjoy a balance of physical and creative activities through a selection of the below:

- Story/Sensory
- ABCs & 123s
- Yoga
- Gymnastics
- ICT
- Once upon a story
- Chess
- Cookery
- Art and Craft
- Act it Out
- Water Play/Water Games
- Sport
- Taekwondo
- Science Experiments
- LEGO
- Swimming (age 7 and over)
- Weekly outings (age group 5 - 6 and over)
- Extra Hour Activities

PROGRAMME OPTIONS

		FULL PROGRAMME	HALF PROGRAMME
5-Day	Mon - Fri	€530	€340
3-Day	Mon, Wed & Fri	€430	€290
2-Day	Tue & Thur	€330	€240

FEES INCLUDE: tuition, packs, a Summer School cap, all stationery/art material, outing costs and transport to and from outings.

SAFETY FIRST: Throughout our summer adventure we have a nurse to assist our children in case of emergency or minor scrapes.

EXTRA HOUR OPTIONS

	2 DAYS	3 DAYS	5 DAYS
7:30am - 9:00am	€70	€90	€155
1:00pm - 2:00pm	€50	€65	€110
7:30am - 9am & 1pm - 2pm	€85	€120	€180

Children will start and/or end their day with an extra fun activity such as Malti Madness, Storytime, Art and Craft, Chess, ICT or Games.

EXTENDED PROGRAMME

PROGRAMME OPTIONS 7:30am - 2:30pm

PRE-PROGRAMME: 1st - 5th July €125

EXTENDED PROGRAMME: 2nd - 13th Sep €215

PRE-PROGRAMME & EXTENDED PROGRAMME: €315

Kindly note that this programme is not applicable to children aged $2^{1/2}$ to 3 years.

CHISWICK HOUSE SCHOOL

For more information kindly contact us on (+356) 2137 4396/7, summerschool@chs.edu.mt or visit www.chs.edu.mt

CHISWICK HOUSE SCHOOL

SUMMER SCHOOL APPLICATION FORM

NAME & SURNAME: _____ *D.O.B.:*_____

ADDRESS: _____

*PARENTS'/GUARDIANS' NAMES:*_____

MOB.: _____ *EMAIL ADDRESS:*_____

PAYMENT INFORMATION (required by Inland Revenue Department in case of those who pay tax in Malta and so are entitled to a tax rebate of up to €2000)

NAME & SURNAME (of person in whose name the rebate form is to be issued)_____

ADDRESS: _____

*ID/Tax No.*_____ *TEL:* _____ *EMAIL ADDRESS:*_____

5-DAY Programme (Mon – Fri)			***3-DAY Programme (Mon, Wed & Fri)***		
FULL PROGRAMME: € 530	*9th July – 30th Aug*	☐	*FULL PROGRAMME: € 430*	*10th July – 30th Aug*	☐
HALF PROGRAMME: € 340	*9th July – 31st Jul*	☐	*HALF PROGRAMME: € 290*	*10th July – 31st Jul*	☐
	1st Aug – 30th Aug	☐		*2nd Aug – 30th Aug*	☐
2-DAY Programme (Tue & Thur)					
FULL PROGRAMME: € 330	*9th July – 29th Aug*	☐	*HALF PROGRAMME: € 240*	*9th July – 30th Jul*	☐
				1st Aug – 29th Aug	☐
Pre-Prog. *€125* 1st July – 5th July ☐			**Extended Prog.:** *€215* 2nd Sep – 13th Sep ☐		**Pre-Prog. & Extended Prog.***€315* ☐

Kindly make cheques payable to: M & M Ltd.

Applicants must fill in **Medical Form, Collection Form** and **Consent Forms** for application to be processed. These are available online or from CHS reception.

TRANSPORT: Yes ☐ No ☐ *If **yes**, kindly fill in **Transport Form** included with this pack.*

EXTRA HOUR: Yes ☐ No ☐ *If **yes**, kindly fill in **Extra Hour Form** included with this pack.*

Did your child attend CHS during scholastic year 18–19? *If **NO**, kindly fill in **Getting to Know You Form**.*

In order for your child to fully benefit from this summer school experience, if your child has a Learning Support Educator during the scholastic year, it is necessary that the same support is provided. Should you require assistance in seeking such support, please contact our summer school coordinators.

_____ _____

Parent's Signature Date

Application forms will be accepted on a first come first served basis. Please fill in one application per child.

We regard your privacy as important and we shall comply with the Maltese Data Protection Act. We will only use any personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that Chiswick House School and St Martin's College will have access to it, and consent to such use.

Receipt

_____ _____ _____ _____ _____

Cash/Cheque no. Amount Receipt no. Signature Date

CHISWICK HOUSE SCHOOL
Medical Information Form – Summer School 2019

STUDENT DATA Student's Name _____ Date of Birth _____

MEDICAL DATA Family Dr _____ Dr Mob No _____ Parent Mob No _____

Blood Group ☐ A+ ☐ A- ☐ B+ ☐ B- ☐ AB+ ☐ AB- ☐ 0+ ☐ 0-

Is your daughter/son allergic to any medication? ☐ **YES** ☐ **NO** *(please tick)*

If **YES**, please give brief details indicating whether the allergy is mild or severe.

_____

Is your daughter/son allergic to face paint? ☐ **YES** ☐ **NO**

Is your daughter/son allergic to any food or animal/s? ☐ **YES** ☐ **NO**
If **YES** please give details.

_____

Is any regular treatment administered to your child at home? ☐ **YES** ☐ **NO**
If **YES** please give details.

_____

Does your child have a medical condition or any other condition of a psychological/behavioural nature that may affect his/her school attendance? If **YES**, please describe.

☐ **YES** ☐ **NO** *(please tick)*

_____

My/Our child may be given paracetamol tablets/syrup. ☐ **YES** ☐ **NO** *(please tick)*
I/We understand that the school will advise me/us on the same day if paracetamol is administered. The information will be given verbally or by notes, if he/she has a headache. If this condition persists I/we understand that the school will advise me/us.

In the event that we cannot be contacted, emergency treatment as determined necessary by the school's medical or para-medical personnel may be given. By emergency treatment I/we understand any condition which in the opinion of the school may endanger our child if not treated immediately.

☐ **YES** ☐ **NO** *(please tick)*

In the event that a teacher suspects a case of nits/head lice, I/we authorise the school nurse to check my/our son/daughter's head for nits/head lice.

☐ **YES** ☐ **NO** *(please tick)*

For children ages 7-10 who will be attending swimming lesson only:
Which best describes your child's level of swimming ability?

☐ Beginner (uses armbands or noodles) ☐ Beginner (no armbands or noodles) ☐ Intermediate ☐ Advanced

DISCLAIMER
While the school undertakes to provide reasonable care to your child while he/she is within the school premises/and/or on school outings/activities during normal school hours or for the purpose of attending extra-curricular activities or extra lessons or for any other authorised purpose, the school shall not be held responsible in any manner except in the event of negligent behaviour on its part.

I/We declare that the above information is true and correct and that any changes in information throughout the years, will be brought to the school's attention in writing.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

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CHISWICK HOUSE SCHOOL

EXTRA HOUR APPLICATION FORM

NAME & SURNAME: _____ D.O.B: _____

ADDRESS: _____

PARENTS'/GUARDIANS' NAMES:_____ ID Nos._____

MOB: _____ EMAIL ADDRESS:_____

PAYMENT INFORMATION (required by Inland Revenue Department in case of those who pay tax in Malta and so are entitled to a tax rebate of up to €2000)

NAME & SURNAME (of person in whose name the rebate form is to be issued) _____

ADDRESS: _____

ID/Tax No. _____ TEL: _____ EMAIL ADDRESS:_____

EXTRA HOUR OPTION:

5-DAY (Mon – Fri)			**3-DAY (Mon, Wed & Fri)**			**2-DAY (Tue & Thur)**			**PROGRAMME:**	
7.30AM – 9AM	€155	☐	7.30AM – 9AM	€90	☐	7.30AM – 9AM	€70	☐	FULL	☐
1PM – 2PM	€110	☐	1PM – 2PM	€65	☐	1PM – 2PM	€50	☐	1st HALF	☐
7.30AM **&** 1PM	€180	☐	7.30AM **&** 1PM	€120	☐	7.30AM **&** 1PM	€85	☐	2nd HALF	☐

IMPORTANT: Transport is not available before or after the pm extra hour service.

Please indicate which programme your child will be following during summer 2019:

5-DAY (Mon – Fri) ☐ **3-DAY (Mon, Wed & Fri)** ☐ **2-DAY (Tue & Thur)** ☐

_____ _____

Parent's Signature Date

KINDLY MAKE CHEQUES PAYABLE TO M & M Ltd.
Please fill in one application per child.

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Receipt

_____ _____ _____ _____ _____

Cash/Cheque no Amount Receipt no Signature Date

PARENTS' CONSENT FOR PUBLICATION OF CHILD'S WORK AND PHOTOGRAPHS

CHILD'S NAME: _____ GROUP: _____

I/we have no objection to work/photographs of my/our child being displayed or published in newsletters, magazines, informational and promotional material, TV screens around the school, classroom activities, school website or on any official school social media pages.

I/we agree ☐ I/we disagree ☐

I/we understand that this consent or otherwise shall remain effective throughout my/our child's attendance at Chiswick House School/St Martin's College and beyond, and I/we shall assume full responsibility to inform the school, in writing, of any changes.

_____ _____ _____

Signature: Parent/Guardian Signature: Parent/Guardian Date

In the case of separated parents both parents' signatures are required unless there is sole custody on educational matters.

IMPORTANT: Kindly return this fully completed form before you're child's first day of summer school.

We regard your privacy as important and we shall comply with the Maltese Data Protection Act. We will only use any personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that Chiswick House School and St Martin's College will have access to it, and consent to such use.

CHISWICK HOUSE SCHOOL

PARENTS' CONSENT FOR OUTINGS

SUMMER SCHOOL 2019

(Applicable to children born in 2013 and before)

CHILD'S NAME _____ **D.O.B.** _____

I/We have no objection to allow our son/daughter to attend any outings/activities that take place outside the school premises throughout the summer school 2019 programme.

I/We understand that this consent shall remain effective throughout my/our child's time at summer school however, in accordance with GDPR regulations, parents/guardians have the right to withdraw consent at any time during the programme. Once consent is withdrawn personal data will be deleted from the records of the particular event.

☐ **I/WE AGREE** ☐ **I/WE DISAGREE**

In the case of separated/divorced parents both parents' signatures are required unless there is sole custody on educational matters.

_____ _____

Name in block letters Name in block letters

_____ _____

Signature: Parent/Guardian Signature: Parent/Guardian

IMPORTANT: Kindly return this form fully completed before the start of summer school.

We regard your privacy as important and we shall comply with the Maltese Data Protection Act. We will only use any personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that Chiswick House School and St Martin's College will have access to it, and consent to such use.

COOP SERVICES LTD
Old Church Square, B'Kara
Tel: 2148 7740 / 2148 7941

TRANSPORT APPLICATION FORM

CHS SUMMER SCHOOL

Child's Name: _____

Home Address: _____

Telephone Number: _____ Mobile: _____

E-mail address: _____

Pick up address (AM): _____ Tel: _____

Drop off address (PM): _____ Tel: _____

Please tick (√) where applicable

AM ONLY____ **PM ONLY_____** **AM & PM _____**

Full Programme: 9th July – 30th Aug ☐

Half Programme: 9th July – 31st Jul ☐ 1st Aug – 30th Aug ☐

5-Day Programme ☐ *(Mon - Fri)*

3-Day Programme ☐ *(Mon, Wed & Fri)*

2-Day Programme ☐ *(Tue & Thur)*

(Kindly note that Santa Maria shutdown is between Monday12th and Friday 16th August 2019)

Prices:

Short Route €225 (any number of days); Sliema area, B'Kara, Valletta, Attard etc.
Long Route: €325 (any number of days); Mellieha, M'Scala, Zurrieq, Zejtun, Wardija, etc.

Important: Should the minimum of 12 children per route not be reached, transport service will not be offered.

PLEASE RETURN THIS FORM, BY FAX, EMAIL OR MAIL, TO THE FOLLOWING ADDRESS **BY 17th May 2019**:

COOP SERVICES LTD
OLD CHURCH SQUARE, B'KARA
Tel: 22265800 Email: info@maltacoop.com
IMP: ONE FORM PER CHILD TO BE FILLED IN.

CHISWICK HOUSE SCHOOL

Collection of Pupils Form

Summer School 2019

Child's Name:-_____

- ☐ Early Years (2 ½ - 5)
- ☐ Junior Years (5 – 10)

Kindly indicate the time your child is collected from school:-

- ☐ at 1300hrs
- ☐ at 1400hrs (after extra hour)

Who collects your child from school? (please tick (✓) accordingly)

☐	He/She goes home by van		
☐	He/She is collected daily by	_____	ID No. _____
☐	He/She is collected on		
	Monday by	_____	ID No. _____
	Tuesday by	_____	ID No. _____
	Wednesday by	_____	ID No. _____
	Thursday by	_____	ID No. _____
	Friday by	_____	ID No. _____

Guardian 1 Signature _____

Guardian 2 Signature _____

should anyone other than the person/s indicated above, without our knowledge, are to collect your child we would need to be informed in writing beforehand.

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CHISWICK HOUSE SCHOOL

Once Upon a Summer
Getting to know you

Before we set off on our adventure, we would like to get to know your child better. In this way we can ensure a safe, fun and educational experience which will become a long-lasting memory for your child. Therefore, we require you to kindly fill-in the attached form.

We thank you for your time and look forward to having your child as part of our adventure team.

Child's name: _____ D.O.B.: ___/____/____

1. What is your child's nationality?

_____

2. What language/s does your child speak at home?

_____

3. Which school does your child attend?

_____

4. How long has she/he been attending the school? _____

5. Has your child ever needed any support with social and emotional needs? Kindly specify.

_____

6. Has your child ever needed any support with behavioural needs? Kindly specify.

_____

7. Has your child ever needed any support with academic needs? Kindly specify.

_____

8. May we contact your child's Head of school should we wish to clarify any of the above?

Yes ☐ No ☐

In order for your child to fully benefit from this summer school experience, if your child has a Learning Support Assistant during the scholastic year, it is necessary that the same support is provided. Should you require assistance in seeking such support, do not hesitate to contact our summer school coordinators.

I declare that the above information is true and correct to the best of my knowledge.

Parents'/ Guardian's signature _____ Date: ____/____/____

We regard your privacy as important and we shall comply with the Maltese Data Protection Act. We will only use any personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that Chiswick House School and St Martin's College will have access to it, and consent to such use.

For office use only: Group: _____