



Registration for Holiday Play and Youth Scheme: Easter 2026

Please return your completed form by **Friday 13 February** to childrenandfamilieshub@gov.je or by post to the address above. **No late applications will be accepted.**

Parent / Carer Contact Details: Name: Telephone:	Address: Email:
Child's details Name: D.O.B: School/ College attending: Current school year:	Address if different to the one above:

*Please delete as applicable:

My child has a named Social Worker Name:	Yes / No*
My child has a named Lead Worker / Family Partnership Worker/ Named Nurse Name:	Yes / No*
My child has attended mainstream holiday clubs successfully in the past	Yes/No*
My child attends Youth Services Inclusion activities	Yes / No*
My child attends targeted short break sessions with Youth Service or Centre Point Trust	Yes / No*
My child attends specialist short break sessions with Autism Jersey, Eden House or Oakwell	Yes / No*
My child has a medical diagnosis. Please specify: My child uses a wheelchair. My child has a gastrostomy. My child receives medication throughout the day.	Yes / No* Yes / No* Yes / No* Yes / No*
Please specify to ensure that staff can be trained to meet your child's needs. Without updated information, providers may not allocate or may cancel sessions.	
My child has an Education Record of Need	Yes / No*
My child has a School Consistent Management plan	Yes / No*
My child has a health care plan	Yes / No*
Please provide any other information about your child's needs that would be helpful for the provider to know:	

Registration for Easter Holiday Play and Youth Schemes 2026:

Please tick all sessions that you would like your child to attend*

(* We will do our best to meet your requirements but cannot guarantee that we will be able to fully meet all requests)

WEEK 1	13/04/26 Monday	14/04/26 Tuesday	15/04/26 Wednesday	16/04/26 Thursday	17/04/26 Friday
Morning 9am – 12pm					
Afternoon 12pm – 3pm					

The parental co-payment is £25 per full day and £12.50 per half day.

Please note that if your child does not attend a booked session, you will still be charged.

Total number of half days requested	
Total number of full days requested	
I confirm I will be paying the fees	Yes / No* (please delete as applicable)
*If another person / agency has agreed to pay the co-payment fees for your child, please state the name and organisation to be sent the invoice	Name: Organisation:
Parent / Carer name and signature	

Data Protection (Jersey) Law 2018

The information you provide will be used for the purpose of assessing support requirements for holiday play and youth schemes. It will be held securely and in line with current data protection legislation. The information provided by you will be shared with commissioned providers. It may be discussed with your child's school and any person/professional identified by you on this referral form. We will not disclose any information that you provide to anyone else without your permission, except in the few situations where disclosure is required by law, or where we have good reason to believe that failing to share the information would put someone else at risk or when it is considered in the child's best interest to do so.

By signing this form, you are agreeing to information about your child's care and medical needs being shared to ensure that the right support is provided.

Please return your completed form **to arrive by Friday 13 February 2026.**

by email to: childrenandfamilieshub@gov.je

or by post to:

Zoe Barrett-Banks
 Child Development and Therapy Centre,
 Enid Quenault Health and Wellbeing Centre,
 Les Quennevais Park,
 La Route de Quennevais,
 St Brelade,
 JE3 8JW

The provider will confirm your child's allocation by **Friday 6 March.**