

Per Lane, Ogden, Halifax HX2 8XG

chme@calderdalemethodistcircuit.org.uk

**School Booking Form**

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of pupils\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We invite a class of up to 36 children from Key Stage 2 to come for a full day (10am to 2.00pm) to take part in three activities in groups of 12 at a time. (More can be accommodated with prior notice). The activities can be tailored to your needs and you are welcome to visit us in advance. Please contact us to arrange this.

**On arrival the children will be dressed in costumes to wear for the day.**

Timings approx.:

10.00am Arrival, introductions, talk about John & Charles Wesley & Mt Zion.

10.30-11.15am Group 1 Making Group 2 Playing Group 3 Working

11.15am-12.pm Group 1 Working Group 2 Making Group 3 Playing

12.00-1.00pm Lunch – in garden if it is fine

1.00pm-1.45pm Group 1 Playing Group 2 Working Group 3 Making

1.45pm-2.00pm Plenary in Church

Before you arrive, please ensure that the children have been divided into three groups (maximum of 12 children in each group).

Date of Visit \_\_\_\_\_\_\_\_\_\_\_\_ Number of Adults (at least 3) \_\_\_\_\_

Do any of the children in the group have special needs? (Disabled access is restricted please contact us)

Yes \_\_\_\_\_\_\_How many? \_\_\_\_\_\_No \_\_\_\_\_\_\_\_

If yes please ensure that they have all the support they need on the day of the visit.

Cost £3.50 per child. 3 accompanying adults are free.

Please make cheques payable to ‘Mt Zion Methodist Church’.

Booking confirmed (Signed for Mt Zion) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Booking Confirmed (Signed for School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_



**PERMISSION TO USE PHOTOGRAPHS**

At Mount Zion Heritage Chapel we take the issue of child safety very seriously, and this includes the use of images of children. We occasionally include images of children in publications and on our website, but we have a duty of care which means that children must remain unidentifiable.

Any use of images at Mt Zion Heritage Chapel is underpinned by our Safeguarding policy. We will never include the full name of a child alongside an image.

This form is for use by a School.

Those responsible for arranging a school visit to Mount Zion Heritage Chapel please complete, sign and send a copy to: chme@calderdalemethodistcircuit.org.uk

I consent to photographs and digital images of the children from the school named below, appearing in Mount Zion Heritage Chapel printed publications or websites.

If the school does not have consent for particular children in a group to be photographed **they must make this clear to staff at Mount Zion Heritage Chapel** and ensure that the children are not included within any photographs.

Name of School: ……………………………………………………………………………………………………….

Name of Group Leader: ……………………………………………………………………………………………

Email Address ………………………………………………………………………………………………………….

Contact phone number of the school : ……………………………………………………………………….

Signature: ……………………………………………Date: …………………………………………………………

Date of the planned visit : ………………………………………………………………………………………..