



Dear Parent/Guardian,

The team at Haldane Youth Services would like to extend a very warm welcome to all our existing and new members of the Hop Skip & Jump Project. We are looking forward to working with you and your child. We have detailed some information which you may find useful.

Background

Haldane Youth Services is a registered charity working in the West Dunbartonshire area delivering the Hop, Skip and Jump Project. We work with children from the local primary and the wider community. Our group is run by a voluntary Board of Trustees made up of local people. We are committed in offering young people the opportunity to participate in a range of activities which will increase their skill base, raise their aspirations which in turn will increase their confidence and boost self-esteem.

Charitable Status

We rely on support from the local authority, trusts, funders, and supporters to enable us to run our projects. As a group we actively fundraise in our own time and encourage your family to support these events. If you would like to become a parent helper/volunteer or be involved with our Board of Trustees, please get in touch to discuss the matter further.

We are currently funded by BBC Children in Need. The Robertson Trust, Young Start the National Lottery, The Henry Smith Foundation, West Dunbartonshire Youth Success Fund, Reach Bank of Scotland Foundation.

Staff Team

- Carolyn Mackie - Project Manager
- Jack Martin - Project Assistant
- Sarah Houston – Youth Worker
- Chloe Daly – Trainee Youth Worker
- Jay Sweeney – Trainee Youth Worker
- Carrieanne McVey – Youth/Outreach Worker
- Jane Fincham – Outreach worker
- Leanne Andrew – Administrative & Financial Assistant

Engagement

We actively encourage all parents, particularly those of P4 children, who may be attending for the first time to come along with them to meet the team. We have an open-door policy and wish to get to know as many families as possible.

Attending Hop, Skip & Jump

Our programme runs in activity blocks, with fresh and exciting opportunities introduced in each new block. Here's how your child can take part in the Hop, Skip & Jump Project:

You'll receive a link to the current activity block either directly from Haldane Youth Services via email or through information shared from your child's school. Browse through the activities and choose any session your child would like to attend using the number system provided.

Complete the programme form and return it to us by the deadline stated—this helps us plan and prepare for your child’s participation.

Once your child’s place is confirmed, you’ll receive an invitation letter via email. Please remember to check your spam or junk folder, as some emails may be redirected there.

Access to our Premises

A member of our team will be waiting in the playground of both Balloch and St.Kessog’s schools with a Haldane Youth Services Sign and hi-vis vests to collect young people and create a walking bus from the school at 3pm to our premise.

We will be doing this to ensure the young people cross the main road safely. Parents can then collect young people at 5pm from our premises Haldane Youth Services, Annexe Building old Jamestown Primary.

Please note that some of our session may be held within Balloch Campus, please check your invite letter for venue. All young people attending sessions within Balloch Campus will go directly to the Gym Hall from class.

Medical Forms - IMPORTANT

When enrolling with us we ask that you fill out a medical form detailing who to contact in an emergency and the child’s medical history. This needs to be returned as soon as possible in case an emergency takes place.

Click on link to complete medical form:

<https://app.upshot.org.uk/signup/7d4a582e/d2acc01f49659814/>

Payment

Each session that your child attends we ask for a £1 donation. This can be paid individually or for the month. Trips and residential are slightly more depending on what they are. This will be stated on the invite letter or discussed if a parents meeting is necessary.

Keep in Touch

Please like our Facebook Page to receive regular updates about the project. Just search Haldane Youth Services and “like” our page.

Phone: 01389 600367

Email: info@haldaneyouthservices.org.uk

Visit our website: <https://haldaneyouthservices.org.uk/>

Please save our email address above in your email to ensure you receive all emails sent from Haldane Youth Services.

Our Team is very much looking forward to working with you and your child(ren) and please do not hesitate to contact our team with any questions or queries about our projects.

Kind Regards,

Haldane Youth Services Team



Hop Skip & Jump Sign Up

Dear Parent/Guardian,

We're excited to announce that our first Hop, Skip & Jump session of the new term will take place on Monday, 31st August 2026!

To help us plan, please complete the tear-off slip below, indicating up to two preferred days for your child to attend, and return it to the school office or hand it to one of our staff members in the playground (look out for the pink hi-vis jackets).

This term, we are changing how our sessions are delivered. Previously, each day focused on a specific activity, such as arts and crafts, cooking, or book club. Going forward, all Hop, Skip & Jump sessions will be open sessions, with a variety of activities available each day. Young people will be able to choose what they would like to take part in, so you will now select a preferred day rather than a specific activity session.

While we will do our best to accommodate preferences, due to high demand we cannot guarantee your chosen day.

Once placements have been confirmed, you will receive an email with details of your child's allocated session and collection arrangements.

Thank you for your continued support. We can't wait to welcome your child to another year of imaginative play, learning, and fun with Hop, Skip & Jump!

Kind regards,

The Haldane Youth Services Team

I(parent/guardian name) would prefer for my
child(young person's name) to attend the Hop Skip &

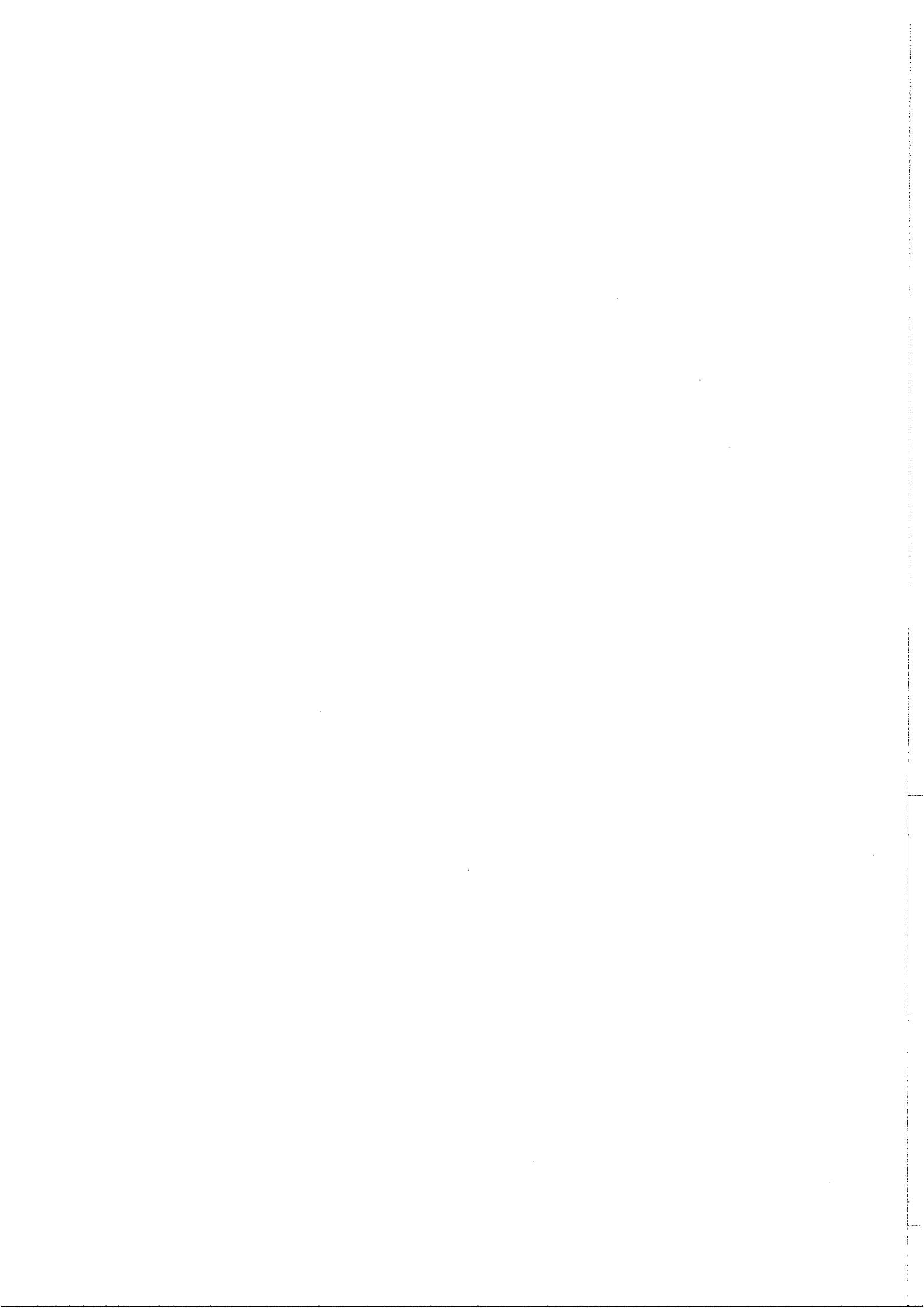
Jump project run by Haldane Youth Services on the following day's:

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

If you have any other queries, contact the team:

Email: info@haldaneyouthservices.org.uk

Phone: 01389 600367





MEMBERSHIP FORM

Young Persons Information

School: Primary class: Members age:

Surname: Forenames: Date of Birth:

Address: Postcode:

Email Address:

Ethnicity: Religion:

Parent/Guardian Information

Parents/Guardians Names (if under 18): Email Address:

Phone No: Mobile:

Emergency Contact/Next of Kin (Please name a responsible adult we can contact in an emergency)

Name: Relationship to you:

Address: Postcode: Contact number:.....

Parent/Guardian Consent: Y/N to the appropriate box

I consent to my child being filmed/photograph to be used for social media post, newspaper and reporting. **YES/NO**

Applications: Face Paint/Make up **YES/NO** Midge Repellent **YES/NO** Suntan/After Sun lotion application **YES/NO**

Parent /Guardian Consent: Some apps may have age restrictions, and we require your consent and acknowledgment that your child may be using them. Please tick all that apply

Online Activities/meetings **WhatsApp** **Zoom**

Disability: Y/N to the appropriate box . Do you suffer from:

A mental health condition **YES/NO** Behavioural difficulties **YES/NO** disability or impairment **YES/NO**

A physical Impairment **YES/NO** Learning difficulties **YES/NO**

Details

Any additional information please provide below.

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Please turn over and complete the Medical Form 001

MEDICAL FORM



Name:

Doctors Information

Surname: Forenames: Practice:

Address: Postcode: Phone No.

Medical History

Have you ever had	Yes /No	Give details and dates below
Heart trouble, raised blood pressure?		
Asthma, bronchitis, tuberculosis?		
Diabetes?		
Epilepsy, fainting, migraine, head injury?		
Nervous illness, psychiatric treatment?		
Allergies (medicines, insects or food)?		
Fractures?		
Are you suffering, or a carrier of any infectious disease?		
Do you suffer from any other medical or physical conditions?		
Tetanus Jag?		
Currently taking medication?		
Special dietary requirements?		

If your medical history changes, please inform staff at the project as soon as possible.

I declare that all personal and medical information on this form is true, and I have not withheld any relevant information. By signing this form, I endorse the following statements.

- I agree that I may participate in activities organised and delivered by Haldane Youth Services.
- I give permission for any medical treatment deemed necessary to ensure my well-being.
- I agree to Haldane Youth Services storing my personal data.

Therefore, in furtherance of GDPR compliance,

I consent Do not consent to the holding and processing of my personal data.

Signature:

Date:

All the information on this form will be treated as **confidential** in line with our Data Protection Act. This information is required in order to allow Haldane Youth Services to give appropriate medical help and support. **Insurance Cover:** Your signature above will be taken as a declaration stating that you understand the extent and limitations of the insurance cover provided under Haldane Youth Service's Insurance Policy. The cover is as follows: £5,000,000 public liability Insurance.