

HOLIDAY ACTIVITIES BOOKING FORM FEB 2012

Please circle the centre you are booking at: **Furzefield Centre** **Bushey Grove** **Hertswood**

To be completed by Parent / Carer. Please Note: One booking form must be completed per address.

Child's Name (1)	<input type="text"/>	L.C./ Student No	<input type="text"/>	DOB / Age	<input type="text"/>
School child attends	<input type="text"/>	Favourite Lesson	<input type="text"/>		
Child's Name (2)	<input type="text"/>	L.C./ Student No	<input type="text"/>	DOB / Age	<input type="text"/>
School child attends	<input type="text"/>	Favourite Lesson	<input type="text"/>		
Child's Name (3)	<input type="text"/>	L.C./ Student No	<input type="text"/>	DOB / Age	<input type="text"/>
School child attends	<input type="text"/>	Favourite Lesson	<input type="text"/>		
Religion followed	<input type="text"/>	Language spoken at home	<input type="text"/>		
Address:	<input type="text"/>				
	<input type="text"/>	Postcode:	<input type="text"/>		
Home Number	<input type="text"/>	Work Number	<input type="text"/>		
Emergency Contact Name 1	<input type="text"/>	Emergency Contact Tel No. 1	<input type="text"/>		
Emergency Contact Name 2	<input type="text"/>	Emergency Contact Tel No. 2	<input type="text"/>		
Name of Doctor	<input type="text"/>	Doctors Tel No.	<input type="text"/>		
Doctors Address	<input type="text"/>				

Does your child have any medical needs / conditions / need any medication and or have any special needs. If YES please list below. If NONE please state NONE.

Child (1)	<input type="text"/>
Child (2)	<input type="text"/>
Child (3)	<input type="text"/>

In the event of an emergency I give permission for the staff to carry out emergency first aid or to seek emergency treatment.

Signature of Parent/Carer:

Please read and sign below:

(please tick)

I confirm that my child identified on this booking form is capable of swimming a minimum of one width of the pool (12.5m) in water which would be considered out of depth, without the use of swim aids

It is vital that if your child has an allergic reaction to nuts, latex etc and has to use an epi pen that you also complete an epi pen log sheet. Or if they are on any medication you inform the Head play leader and complete a medical log

Please ensure you have discussed any known behavioural related tendencies or conditions such as ADHD or Autism with the Head play leader who will initiate a behavioural management plan with you prior to your child's attendance.

I give full permission for my child to be photographed for marketing purposes.

I do not want my child photographed.

I have read and understood the booking terms and conditions (on separate sheet) and I am happy to enrol my child on to the Holiday Activities.

Signature of Parent/Carer: Date:

Please turn over...

Additional Information:

How did you find out about Day Camps / Kiddie Kamps?

Please note the times of schemes vary as follows:

Hertswood Centre: Day Session 8.30am to 5.30pm

PLEASE TICK THE DAYS YOU WISH TO BOOK FOR IN THE TABLES BELOW

Over 8's: Day Camps	Mon 13TH	Tue 14TH	Wed 15TH	Thur 16th	Fri 17th
Child 1					
Child 2					
Child 3					

Under 8's: Kiddie Kamps	Mon 13TH	Tue 14TH	Wed 15TH	Thur 16th	Fri 17th
Child 1					
Child 2					
Child 3					

PRICES:

Hertswood	LCH	NLCH
Day Kamp	£13.80	£16.20
Kiddie Kamp	£13.80	£16.20

* Please note that a late collection charge of £5 per half hour will apply to any child who is not collected on time.

FOR OFFICE USE ONLY

Medical Certificate Required: YES NO If YES, Date received :

Reception signature: Details entered / updated on Flex (Please tick):

Duty Manager Signature (if applicable):

DATE	SESSION/S BOOKED	AMOUNT PAID	RECEIPT NO.	RECEPTION SIG.