

HOLIDAY ACTIVITIES BOOKING FORM DECEMBER 2011

The Centre: 21st—23rd December 2011

To be completed by Parent/ Carer

Child's Name (1) L/C / Referral No DOB / Age

Child's Name (2) L/C / Referral No DOB / Age

Child's Name (3) L/C / Referral No DOB / Age

Address

Home Number

Work Number

Emergency Contact Name 1

Emergency Contact Tel No. 1

Emergency Contact Name 2

Emergency Contact Tel No.2

Name of Doctor

Doctors Tel No.

Doctors Address

Specific requirements Please provide details of any dietary, religious requirements, impairments or behaviour traits that your child may have. This will be kept confidential but will help us to provide any support needed.

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)

Child (2)

Child (3)

Authorised Collectors Names:
1.
2.
3.

Consent for participants to sign out:
I give consent for my child/ren (Over 8) to sign themselves out at the end of the activity.
Signed _____ Dated _____ (Parent/guardian)

Are you happy for your details to be included on our FREE mailing list for children's activities? (please circle) YES NO

How did you find out about the holiday activity schemes?.....

Child/Children's School: _____

Year Group(s): _____



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

	AM SESSION (10AM-12PM)	PM SESSION (2-4PM)	FULL DAY (8.30-4.00) *Packed lunch required
Wednesday 21st December	Trampoline <input type="checkbox"/>	Festive 'Crafty' Corner <input type="checkbox"/>	<input type="checkbox"/>
Thursday 22nd December	Dodgeball <input type="checkbox"/>	Trampoline <input type="checkbox"/>	<input type="checkbox"/>
Friday 23rd December	Trampoline <input type="checkbox"/>	Multisports (Badminton & Hockey) <input type="checkbox"/>	<input type="checkbox"/>

	Full Day (packed lunch is required)	Per 2 hour Session
Non Member (NLCH)	£12.50	£4.00
Member (Child has to be a member)	£11.50	£3.50

If you have any reservations regarding our Holiday Activities, please do not hesitate to discuss with a member of our staff before booking your child onto our activities.

Consent for photographs: (Please tick the applicable boxes)

I give full permission for my child/children to be photographed while booked in for Children's Holiday Activities

If you have ticked the above box, are you happy for any photographs taken to be used for marketing purposes, including our website, brochures, etc.... (please circle)

Yes / No

I do NOT want my child/children to be photographed

I have read and understood the booking Terms and Conditions and I am happy to enroll my child/children onto the Holiday Activities.

If your child has an allergic reaction to Nuts, latex, etc and has to use an Epi Pen you will also need to Complete an Epi Pen Log Sheet. In addition, please inform staff at the time of booking of any medical conditions/information that we will need to know.

Parent/Carer Signature: _____

DATE BOOKING MADE	AMOUNT PAID	RECEIPT NUMBER	STAFF INITIALS