## **BOOKING FORM**

Please complete this form in BLOCK CAPITALS and hand to reception. To be completed by Parent/Carer.





Child's name:		
Date of birth:	Age:	
Address:		
	Postcode:	
Email address:		
Daytime contact number/s:		
Emergency contact name 1:	Contact no:	
	Contact no:	
Emergency contact name 2:	Contact no:	
Name of doctor:	Doctor tel :	
Doctors address:		
Is there anyone who is specifically forbidden from having contact	No Yes	
with the child? Please tick the relevant box and give details.	Who:	
Should I be unable to collect my child the password for another designated person to collect the child is:		
Does your child have any medical needs, allergies or any other needs or requirements (such as dietary). Please tick the relevant box and give details.	No Yes Details:	
If you have any reservations regarding the holiday activities, please do no booking your child onto our scheme.	ot hesitate to discuss these with us before	
Please read the following and sign below		PLEASE TICK
If your child has an allergic reaction to nuts, latex etc. and has to use a please complete an epi pen log sheet.		
I agree for my child to swim and/or go on any of the free trips provided to give extra permission for my child to go on any day trips provided.		
I give full permission for my child to be photographed for marketing p		
I do not want my child photographed.		
I have read and understood the booking terms and conditions (see sepenrol my child on to the Holiday activities.		
Additional information: How did you find out about Holiday Club?		
Signature:		Date:







## **BOOKING FORM** SUMMER 2019



FEES								
FULL DAY (9AM -5PM) NON MEMBER/LOYALTY CARD	FULL DAY (9AM -5PM) CONCESSION/LEISURE CARD		HALF DAY (AM or PM)					
£25*	£22.50*		£15*					
*Please note that a late collection charge of £5 per half hour will apply to any child who is not collected in time.								
Diagona +: -								
Please tick [✔] age range:			_	_				
5-7 YEARS			8-12 YEARS					
Please tick [✔] the days and sessions you	wish to book in the	tables below:						
	THURS FRI 25 JUL 26 JUL	MON TUES 29 JUL 30 JUL	WEDS 31 JUL	THURS 01 AUG	FRI 02 AUG			
FULL DAY FULL DAY FULL DAY FULL	DAY FULL DAY	FULL DAY FULL DAY	FULL DAY	FULL DAY	FULL DAY			
HALF AM HALF AM HALF AM HALF	AM HALF AM	HALF AM HALF AM	HALF AM	HALF AM	HALF AM			
HALF PM HALF PM HALF PM HALF	PM HALF PM	HALF PM HALF PM	HALF PM	HALF PM	HALF PM			
	THURS FRI 88 AUG 09 AUG	MON TUES 12 AUG 13 AUG	WEDS 14 AUG	THURS 15 AUG	FRI 16 AUG			
FULL DAY FULL DAY FULL DAY FULL		FULL DAY FULL DAY	FULL DAY	FULL DAY	FULL DAY			
HALF AM HALF AM HALF AM HALF	AM HALF AM	HALF AM HALF AM	HALF AM	HALF AM	HALF AM			
HALF PM HALF PM HALF PM HALF	PM HALF PM	HALF PM HALF PM	HALF PM	HALF PM	HALF PM			
MON TUES WEDS T	THURS FRI	TUES	WEDS	THURS	FRI			
	2 AUG 23 AUG	BANK 27 AUG HOLIDAY	28 AUG	29 AUG	30 AUG			
FULL DAY FULL DAY FULL DAY FULL		SESSION	FULL DAY	FULL DAY	FULL DAY			
HALFAM HALFAM HALF		AVAILABLE	HALF AM	HALF AM	HALF AM			
HALF PM HALF PM HALF PM HALF	PM HALF PM	HALF PM	HALF PM	HALF PM	HALF PM			
FOR OFFICE USE ONLY								
Medical Certificate required: No Yes If yes, date received:								
Reception signature: Details entered/updated on XN? (tick)								
Duty Manager signature (if applicable):								
CECCIONIA.								
DATE SESSION/S	AGE AMO	OUNT PAID REC	CEIPT NO.	RECEPT	ION SIG			

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