

**PAYMENT METHOD (please circle)**

- Cash
- Card
- Cheque
- Childcare Vouchers



**CHILDCARE VOUCHER COMPANY**

.....

Amount owed: £.....

# Holiday Activities Booking Form

## OVER 8's

<b>CHILD'S NAME:</b>			
<b>DATE OF BIRTH:</b>		<b>AGE</b>	
<b>ADDRESS:</b>			
<b>PARENTS NAME:</b>			<u>Password for collection</u>
<b>HOME NUMBER:</b>			
<b>MOBILE NUMBER:</b>			<u>Please supply us with a list below of the people that can collect your children</u>
<b>WORK NUMBER:</b>			
<b>SECONDARY CONTACT NUMBER:</b>			
<b>EMAIL ADDRESS:</b>			
<b>MEDICAL PROBLEMS/ HISTORY:</b>			
<b>SCHOOL:</b>			

### SUMMER 2017

Please tick the boxes below in relation to which dates you would like to book for.  
If you would like early drop off or late pick up, please circle this option for the dates you require this service.

<b>Week 1</b>			E	L
Mon 10th July				
Tues 11th July				
Wed 12th July				
Thurs 13th July				
Fri 14th July				

<b>Week 4</b>			E	L
Mon 31st July				
Tues 1st Aug				
Wed 2nd Aug				
Thurs 3rd Aug				
Fri 4th Aug				

<b>Week 7</b>			E	L
Mon 21st Aug				
Tues 22nd Aug				
Wed 23rd Aug				
Thurs 24th Aug				
Fri 25th Aug				

<b>Week 2</b>			E	L
Mon 17th July				
Tues 18th July				
Wed 19th July				
Thurs 20th July				
Fri 21st July				

<b>Week 5</b>			E	L
Mon 7th Aug				
Tues 8th Aug				
Wed 9th Aug				
Thurs 10th Aug				
Fri 11th Aug				

<b>Week 8</b>			E	L
Tues 29th Aug				
Wed 30th Aug				
Thurs 31st Aug				
Fri 1st Sept				

<b>Week 3</b>			E	L
Mon 24th July				
Tues 25th July				
Wed 26th July				
Thurs 27th July				
Fri 28th July				

<b>Week 6</b>			E	L
Mon 14th Aug				
Tues 15th Aug				
Wed 16th Aug				
Thurs 17th Aug				
Fri 18th Aug				



I,....., agree to my child taking part in Sylvestrian Leisure Centre's Extreme Holiday Activities.

I give consent for medical treatment to be administered to my child on the advice of a medical practitioner.

I have set out above, or in an attached note, details of any medical condition from which my child is suffering, together with details of any treatment and medications currently being taken. I undertake to immediately notify the organisers of any changes to the notified medical status/condition.

***By signing this form you are accepting our terms and conditions, including our behavioural Code of Conduct. Please see our website for details. [www.sylvestrian-leisure.co.uk](http://www.sylvestrian-leisure.co.uk).***

**Parent/Carer Signature:** \_\_\_\_\_

Information held by Sylvestrian Enterprises complies with the Data Protection Act 1988. Occasionally, Sylvestrian Leisure Centre would like to give you updates or important information about the service that you have purchased. Please tick this box if you do not wish to receive this via email through our mailing list.

Sylvestrian Leisure Centre offers a wide range of services which we would like to tell you more about. If you do not wish to receive this information via our mailing list please tick this box.

Sylvestrian Leisure Centre will not offer your email address or contact details to any third parties.

Office use only

Name of staff member taking booking: \_\_\_\_\_

Signature of staff member taking booking: \_\_\_\_\_

Date: \_\_\_\_\_