

PAYMENT METHOD (please circle)

- Cash
- Card
- Cheque
- Childcare Vouchers



CHILDCARE VOUCHER COMPANY

.....

Amount owed: £.....

Holiday Activities Booking Form

Over 8's

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

OCTOBER 2018

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.

Monday 22 nd October	<input type="checkbox"/>	E / L	Monday 29 th October	<input type="checkbox"/>	E / L
Tuesday 23 rd October	<input type="checkbox"/>	E / L	Tuesday 30 th October	<input type="checkbox"/>	E / L
Wednesday 24 th October	<input type="checkbox"/>	E / L	Wednesday 31 st October	<input type="checkbox"/>	E / L
Thursday 25 th October	<input type="checkbox"/>	E / L	Thursday 1 st November	<input type="checkbox"/>	E / L
Friday 26 th October	<input type="checkbox"/>	E / L	Friday 2 nd November	<input type="checkbox"/>	E / L



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.

Parent/Carer Signature: _____

Date: _____

Information held by Sylvestrian Enterprises complies with the Data Protection Act 1998 and the new General Data Protection Regulation from 25th May 2018.

From time to time, Sylvestrian Leisure Centre needs to send you important information about your bookings or the operations of the Centre. **If you are happy to receive updates about your bookings, then you do not have to do anything.** If not, you can set your preference on our website.

Sometimes, we would like to send emails about new services which may be of interest to you: **If you are happy to receive news about new services at the Centre, you do not have to do anything.** If not, you can set your preference on our website.

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: _____