

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:			<u>Password for collection</u>
HOME NUMBER:			
MOBILE NUMBER:			<u>Please supply us with a list below of the people that can collect your children</u>
WORK NUMBER:			
SECONDARY CONTACT NUMBER:			
EMAIL ADDRESS:			
MEDICAL PROBLEMS/ HISTORY:			
SCHOOL:			

SUMMER 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.

Week 1			E	L
Mon 8th July				
Tues 9th July				
Wed 10th July				
Thurs 11th July				
Fri 12th July				

Week 4			E	L
Mon 29th July				
Tues 30th July				
Wed 31st July				
Thurs 1st Aug				
Fri 2nd Aug				

Week 7			E	L
Mon 19th Aug				
Tues 20th Aug				
Wed 21st Aug				
Thurs 22nd Aug				
Fri 23rd Aug				

Week 2			E	L
Mon 15th July				
Tues 16th July				
Wed 17th July				
Thurs 18th July				
Fri 19th July				

Week 5			E	L
Mon 5th Aug				
Tues 6th Aug				
Wed 7th Aug				
Thurs 8th Aug				
Fri 9th Aug				

Week 8			E	L
Tues 27th Aug				
Wed 28th Aug				
Thurs 29th Aug				
Fri 30th Aug				

Week 3			E	L
Mon 22nd July				
Tues 23rd July				
Wed 24th July				
Thurs 25th July				
Fri 26th July				

Week 6			E	L
Mon 12th Aug				
Tues 13th Aug				
Wed 14th Aug				
Thurs 15th Aug				
Fri 16th 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.

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: _____