

PAYMENT METHOD (please circle)

- Cash
- Card
- Cheque
- Childcare Vouchers



CHILDCARE VOUCHER COMPANY

.....

Amount owed: £.....

Holiday Activities Booking Form UNDER 8's

(Children must be a minimum of 4 years 6 months)

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 2019

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 tick the appropriate 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 23 rd 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: _____