

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

EASTER 2020

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 30 th March | <input type="checkbox"/> | E / L | Monday 6 th April | <input type="checkbox"/> | E / L |
| Tuesday 31 st March | <input type="checkbox"/> | E / L | Tuesday 7 th April | <input type="checkbox"/> | E / L |
| Wednesday 1 st April | <input type="checkbox"/> | E / L | Wednesday 8 th April | <input type="checkbox"/> | E / L |
| Thursday 2 nd April | <input type="checkbox"/> | E / L | Thursday 9 th April | <input type="checkbox"/> | E / L |
| Friday 3 rd April | <input type="checkbox"/> | E / L | | | |

| | | |
|----------------------------------|--------------------------|-------|
| Tuesday 14 th April | <input type="checkbox"/> | E / L |
| Wednesday 15 th April | <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 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: _____