

PAYMENT METHOD (please circle)

- Cash
- Card
- Cheque
- Childcare Vouchers



CHILDCARE VOUCHER COMPANY

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Amount owed: £.....

Holiday Activities Booking Form

UNDER 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 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.

Week 1			E	L
Mon 6th July				
Tues 7th July				
Wed 8th July				
Thurs 9th July				
Fri 10th July				

Week 4			E	L
Mon 27th July				
Tues 28th July				
Wed 29th July				
Thurs 30th July				
Fri 31st July				

Week 7			E	L
Mon 15th Aug				
Tues 16th Aug				
Wed 17th Aug				
Thurs 18th Aug				
Fri 19th Aug				

Week 2			E	L
Mon 13th July				
Tues 14th July				
Wed 15th July				
Thurs 16th July				
Fri 17th July				

Week 5			E	L
Mon 3rd Aug				
Tues 4th Aug				
Wed 5th Aug				
Thurs 6th Aug				
Fri 7th Aug				

Week 8			E	L
Mon 24th Aug				
Tues 25th Aug				
Wed 26th Aug				
Thurs 27th Aug				
Fri 28th Aug				

Week 3			E	L
Mon 20th July				
Tues 21st July				
Wed 22nd July				
Thurs 23rd July				
Fri 24th July				

Week 6			E	L
Mon 10th Aug				
Tues 11th Aug				
Wed 12th Aug				
Thurs 13th Aug				
Fri 14th Aug				

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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.

Before attending Summer Camp, please ensure that you have read and understood our COVID-19 procedures. These can be found at <https://www.sylvestrian-leisure.co.uk/covid-19-info-summer-2020/>

I declare that neither my child(ren) or anyone in our household has been in close contact with someone who has tested positive for COVID-19. If we have, our entire household has self-isolated for 14 days.

I declare that neither my child(ren) or anyone in our household is displaying symptoms or COVID-19 (High temperature/new continuous cough/loss or change of sense of smell or taste).

We request that those children showing signs of COVID-19, including those who have come into contact with someone showing signs of COVID-19 get in touch with the Centre immediately and do not attend.

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.