

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

January 2021

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 4th January	<input type="checkbox"/>	E / L
Tuesday 5th January	<input type="checkbox"/>	E / L
Wednesday 6th January	<input type="checkbox"/>	E / L
Thursday 7th January	<input type="checkbox"/>	E / L
Friday 8th January	<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.

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

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.