

Booking Form

Holiday Activities

Over 8's

SUMMER 2022

Child's Name:			
Age:		Date of Birth:	
Address:			
Parent/Guardian Name/s:			
Telephone Numbers:	Mobile:		
	Home:		Work:
Email Address:			
Secondary Contact Name:			
Secondary Contact Numbers:	Mobile:		
	Other:		
Medical Status / Conditions:			
School:			

Password for Collection:

Authorised Collectors:

To book your child onto our Holiday Activities, please complete and return this form to the SLC reception or email it to enquiries@sylvestrian-leisure.co.uk

SUMMER DATES

Early Drop Off & Late Pick Up

Please tick the corresponding circle (E) if you want our Early Drop Off service and (L) if you want our Late Pick Up service.

Mon 11th
Tue 12th
Wed 13th
Thu 14th
Fri 15th
Mon 18th
Tue 19th
Wed 20th
Thu 21st
Fri 22nd
Mon 25th
Tue 26th
Wed 27th
Thu 28th
Fri 29th
Mon 1st
Tue 2nd
Wed 3rd

Thu 4th
Fri 5th
Mon 8th
Tue 9th
Wed 10th
Thu 11th
Fri 12th
Mon 15th
Tue 16th
Wed 17th
Thu 18th
Fri 19th
Mon 22nd
Tue 23rd
Wed 24th
Thu 25th
Fri 26th

Parental Consent

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/holiday-activities-covid-19-info-2021/>

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.

Childcare Voucher Company:

Amount owed: £ _____

PAYMENT METHOD please select one

Cash

Cheque

Card

Childcare Vouchers

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.



☎ 0208 509 6526
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