**Child’s details**

**Easter / Summer Holiday Club 2024**

|  |  |
| --- | --- |
| **Name:** | **DOB:** |
| **Allergies (please provide details)** | **Medication (please provide details)** |
| **Favourite toys / activity / interests:** |
| **Please provide below anything you wish us to know about your child that will help us care for them during**  |

Emergency Contact 2

Parents/carers name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 1

Parents/carers name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observations and Photographs

I hereby give consent for staff and students to carry out and record observations of my child/children

Signed Print Name ­­­­­­­­­­­­­­­­­­­­­­­­­ Date

I hereby give consent for photographs to be taken of my child/children for use within the pre-school

Signed Print Name Date

**PLEASE INDICATE WHICH SESSION YOU WOULD LIKE ON THE NEXT PAGE**

**Cost of sessions**

|  |  |  |
| --- | --- | --- |
| **AM Half Day** | **9.00 – 12.00** | **£25** |
| **PM Half Day** | **12.00 – 3.00** | **£25** |
| **orFull Day** | **9.00 – 3.00** | **£45** |

Please indicate tick which sessions you would like:

Easter: April

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Monday 8th  | Tuesday 9th | Wednesday 10th | Thursday 11th | Friday 12th  |
| Session | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY |

Summer Week 1: July/August

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Monday 29th  | Tuesday 30th | Wednesday 31st  | Thursday 1st  | Friday 2nd  |
| Session | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY |

Week 2: August

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day | Monday 5th | Tuesday 6th  | Wednesday 7th  | Thursday 8th  | Friday 9th  |
| Session | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY | AM/PM/DAY |

Please return this form with a £25 deposit per child per holiday club (please indicate).

Easter - £25 Summer - £25 Both - £50

Bank details: HSBC, The Early Bird Pre-School CIC sort code: 40-28-14 account number: 11782665

This will be deducted from your invoice. Please note we require 14 days’ notice to cancel your place or the deposit will be not be refundable.

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use:

Date Form received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice sent: Easter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_