Wheathampstead Easter / Summer Holiday Club 2025

| THE EARLY | BIRD |
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Child's details

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

| Emergency Contact 1 | Emergency Contact 2 |
|----------------------|----------------------|
| Parents/carers name: | Parents/carers name: |
| Address: | Address: |
| | |
| Postcode: | Postcode: |
| Telephone: | Telephone: |
| Mobile: | Mobile: |
| Email: | Email: |
| | |



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

Summer Week 1: July/August

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

Week 2: August

| Day | Monday 5 th | Tuesday 6 th | Wednesday 7 th | Thursday 8 th | Friday 9 th |
|---------|------------------------|-------------------------|---------------------------|--------------------------|------------------------|
| 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 | |
|------------------|--|
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| | |
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| Office use: | |
|----------------------|---|
| Date Form received: | - |
| Deposit received: | |
| Invoice sent: Easter | |
| Summer | |