

BOOKING FORM



Please complete this form in BLOCK CAPITALS and hand to reception.

To be completed by Parent/Carer.

Please note: One booking form must be completed per child

Child's name:	
Date of birth:	Age:
Address:	
	Postcode:
Email address:	
Daytime contact number/s:	

Emergency contact name 1:	Contact no:
Emergency contact name 2:	Contact no:

Name of doctor:	Doctor tel :
Doctors address:	

Is there anyone who is specifically forbidden from having contact with the child? Please tick the relevant box and give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes Who:
Should I be unable to collect my child the password for another designated person to collect the child is:	
Does your child have any medical needs, allergies or any other needs or requirements (such as dietary). Please tick the relevant box and give details.	<input type="checkbox"/> No <input type="checkbox"/> Yes Details:

If you have any reservations regarding the holiday activities, please do not hesitate to discuss these with us before booking your child onto our scheme.

Please read the following and sign below	PLEASE TICK
If your child has an allergic reaction to nuts, latex etc. and has to use an epi pen, please complete an epi pen log sheet.	<input type="checkbox"/>
I agree for my child to swim and/or go on any of the free trips provided and understand that I will need to give extra permission for my child to go on any day trips provided.	<input type="checkbox"/>
I give full permission for my child to be photographed for marketing purposes.	<input type="checkbox"/>
I do not want my child photographed.	<input type="checkbox"/>
I have read and understood the booking terms and conditions (see separate sheet) and I am happy to enrol my child on to the Holiday activities.	<input type="checkbox"/>

Additional information: How did you find out about Holiday Club?	
Signature:	Date:

