

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: | |

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|--|--|
| 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"/> |

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

