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**HOLIDAY CLUB BOOKING FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prices | 08:00-09:00 | 09:00 – 16:30 | 16:30 – 17:30 | Total |
| £5.25 | £29.50 | £5.25 |
|  |  |  |  |  |  |
| Thursday  | 18th July |  |  |  |  |
| Friday | 19th July |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Monday | 5th August |  |  |  |  |
| Tuesday | 6th  |  |  |  |  |
| Wednesday | 7th  |  |  |  |  |
| Thursday | 8th  |  |  |  |  |
| Friday | 9th  |  |  |  |  |
|  |  |  |  |  |  |
| Monday | 12th August |  |  |  |  |
| Tuesday | 13th  |  |  |  |  |
| Wednesday | 14th  |  |  |  |  |
| Thursday | 15th  |  |  |  |  |
| Friday | 16th  |  |  |  |  |

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| --- |
|  |
| Total cost |  |  |  |  |  |
| 20 % deposit |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Full Name:** |  | **Date of Birth:** |  |
| **Home Address:** |  |
| **Post Code:** |  | **Tel. No. Home:** |  |
| **Mother’s full name:** |  |
| **Mobile Number:** |  | **Emergency No:** |  |
| **Alternative emergency contact:** |  |
| **Mobile Number:** |  | **Other No:** |  |
| **Doctor’s Name:** |  | **Telephone No.:** |  |
| **Address:** |  |
| Does your child have any allergies?  | Yes  | 🞏 | No | 🞏 |
| If yes, please give details: |
| Does your child have long-term medical needs? | Yes  | 🞏 | No | 🞏 |
| If yes, please give details: |
| Does your child have any additional educational needs? | Yes  | 🞏 | No | 🞏 |
| Do you consent to your child’s photograph being taken and used for advertising purposes? | Yes  | 🞏 | No | 🞏 |
| If yes, please give details: |
|  |
| Is there any other relevant information we should know about your child? If so, please give details: |
| N.B. Children are required to bring each day:* Outdoor Waterproof Clothing and wellies (we have suits for 2-5 year olds)
* A packed lunch
* A full change of clothes
* Slippers for indoors
* **Suncream must be provided and applied BEFORE start of day**
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| --- | --- |
| **Term and conditions:** | Please initial |
| 1 | 20% non refundable deposit is required upon booking. Each holiday period can be booked separately.Bank transfers: TSB Bank plc Sort code: 77-67-15 Acc No: 23390668 Ref: HC and child’s name. Cheques payable to: Dawn Barlow |  |
| 2 | Balance required 2 weeks before start of the holiday period. Cancellation after this time is non-refundable. |  |
| 3 | All Bridgemont Nursery Policies and Procedures apply during holiday club sessions. |  |

Parent signature: ............................................................... Date: ..........................................