

## EATON MILL WRAPAROUND - HOLIDAY CLUB REQUEST FORM

**Child's Name:** ..... **Key Group:** .....

To request a place for your child at the Holiday Club, which starts on **Monday 10 April 2017**, please complete this form and return it to the Atrium.

Please note: **the deadline to request a place at the Holiday Club is 12 noon on Friday 31 March 2017.**

**Grant-funding is not available during Holiday Club.** All sessions will be charged at full session price.

Please tick the boxes below to indicate which sessions you wish to request for your child:

	<b>Breakfast</b> 7.30am - 8.35am	<b>Morning</b> 8.35am – 11.35am	<b>Lunch</b> 11.35am – 12.20pm	<b>Afternoon</b> 12.20pm – 3.20pm	<b>Evening</b> 3.20pm – 6.00pm
<b>Monday 10 April</b>					
<b>Tuesday 11 April</b>					
<b>Wednesday 12 April</b>					
<b>Thursday 13 April</b>					

**Please note that failure to collect your child at the agreed time will result in a late collection charge of £2.00 per child, per minute.**

### Holiday Club Terms and Conditions

- Places must be requested in advance and are allocated on a first-come, first-served basis. There is no guarantee that booking requests received after the closing date of **Friday 31 March 2017**, or once Holiday Club has commenced, will be accommodated and will be dependent on staff to children safety ratios.
- Once the deadline of **Friday 31 March 2017** has passed, any cancellations or amendments to booked sessions will still be invoiced and charged at the full price.
- All confirmed Holiday Club sessions will be invoiced and must be **paid for in full by Thursday 6 April 2017.**
- Booking requests will not be accepted if there is an overdue or outstanding balance on any other account (i.e. After School Club, Nursery, Breakfast Club or Holiday Club).

**I have read and understood the Holiday Club Terms and Conditions, as detailed above.**

Signed: ..... Parent/Carer    Date:.....

Print Name:.....

**EMERGENCY CONTACT NUMBER/S (INCLUDING PERMISSION TO COLLECT)**

NAME AND ADDRESS	RELATIONSHIP TO CHILD	TELEPHONE NUMBER/S
	Contact Order: 1 2 3 4 (please circle)	Mobile: Home: Work:
	Contact Order: 1 2 3 4 (please circle)	Mobile: Home: Work:
	Contact Order: 1 2 3 4 (please circle)	Mobile: Home: Work:
	Contact Order: 1 2 3 4 (please circle)	Mobile: Home: Work:

**MEDICAL INFORMATION / CONSENT**

- My child is allergic to / cannot have the following foods (e.g. nut allergy, vegetarian, no pork etc.):

.....  
 .....

- My child has the following medical condition/s (**please include details of any medical equipment they will require during the Holiday Club which you will be providing, e.g. an asthma inhaler**):

.....  
 .....

- **I understand that sessions cancelled or amended after the deadline of Friday 31 March 2017 will still be charged at full price.**

Signed: ..... Parent/Carer      Date: .....

- **I understand that in order to secure my child's place at Holiday Club, all booked sessions must be paid for in full by Thursday 6 April 2017.**

Signed: ..... Parent/Carer      Date: .....

- **I agree that, if my child urgently requires medical treatment whilst in the Holiday Club and it is not possible to contact me or one of the named contacts above, the adult in charge is authorised to give medical consent on my behalf.**

Signed: ..... Parent/Carer      Date: .....

- **I give permission for sun cream to be applied to my child during Holiday Club if and when necessary.**

Signed: ..... Parent/Carer      Date: .....

- **I give permission for my child to participate in any outdoor activities or visits and all craft activities including face painting.**

Signed: ..... Parent/Carer      Date: .....