



## Easter 2018 Holiday booking form

Closing date for bookings Friday 9<sup>th</sup> March 2018 thereafter any available places £15.00 late fee applies.

We welcome children from all our five play settings

Accompanied with payment of £28.90 per child per day. £129.30 per child per week must be five consecutive days.

We are open from 8am for breakfast close 5.55pm

Venue: Milngavie C.E.Centre, Allander Road, Milngavie, G62 8PN.

**Child's name:** \_\_\_\_\_

All children should have with them suitable outdoor clothing/shoes and a labelled packed lunch – please remember we are a nut free zone.

Please tick the day(s) required:

| Tick box                        |        | Tick box                         |  |
|---------------------------------|--------|----------------------------------|--|
| Monday 2 <sup>nd</sup> April    | Closed | Monday 9 <sup>th</sup> April     |  |
| Tuesday 3 <sup>rd</sup> April   |        | Tuesday 10 <sup>th</sup> April   |  |
| Wednesday 4 <sup>th</sup> April |        | Wednesday 11 <sup>th</sup> April |  |
| Thursday 5 <sup>th</sup> April  |        | Thursday 12 <sup>th</sup> April  |  |
| Friday 6 <sup>th</sup> April    |        | Friday 13 <sup>th</sup> April    |  |

### For your Information

We will send a text message to notify all new parents/carers if your child has had an accident whilst at full day care. We will also give you the name of a staff member to discuss the accident with when you arrive to collect your child. I/We confirm that I have booked the above holiday places for my child and that payment will be made in advance. If my child is absent or I/We cancel any day booked, *payment will not be refunded or transferred.* If my child is going to be absent, I/We will phone the play setting before 10am to notify of their absence.

| Consent for:  | (Please Tick) | Yes                      | No                       |
|---|---------------|--------------------------|--------------------------|
| To participate in any mixed ages group indoor/outdoor physical activities (gym shoes necessary)         |               | <input type="checkbox"/> | <input type="checkbox"/> |
| Receive emergency first aid and visit dental hospital / hospital in case of an emergency.               |               | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff to enable my child to apply sun protection.   |               | <input type="checkbox"/> | <input type="checkbox"/> |
| Be photographed to promote TOC always representing TOC activities                                       |               | <input type="checkbox"/> | <input type="checkbox"/> |
| Face Painting   |               | <input type="checkbox"/> | <input type="checkbox"/> |
| To be taken out with the club to visit parks, woodlands & places of interest during the holiday periods |               | <input type="checkbox"/> | <input type="checkbox"/> |

Signed \_\_\_\_\_ Date \_\_\_\_\_ / / \_\_\_\_\_



PTO

Booking Reference Number:

TOC

(Issued with booking confirmation letter)



**Please ensure this part of the form is complete:**

Child's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physical Description of your child (height, hair and eye colour)  
\_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Home telephone \_\_\_\_\_ Email \_\_\_\_\_

Mother's name (or main Carer) \_\_\_\_\_

Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Father's name (or second Carer) \_\_\_\_\_

Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Additional Contact \_\_\_\_\_ (this needs to be a person your child knows).

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Surgery Number: \_\_\_\_\_

**In addition to the parents/carers detailed above - Who will be collecting your child/ren whilst at the Holiday Club**

We require children to be accompanied (arriving and departing) with an adult over 16 years or sibling over 14 yrs.

| Adult's Name: (Sibling: over 14. Others: over 16)                 | No notification needed | When notified |
|---|------------------------|---------------|
|   |                        |               |
|   |                        |               |
|   |                        |               |
| Additional information authorised or unauthorised person pick-up. |                        |               |

| (Please tick any/all which apply)                                  |   |                                      |                                       |
|--|---|--------------------------------------|---------------------------------------|
| Is your child allergic to any of the following?                    |   |                                      |                                       |
| Celery <input type="checkbox"/>                                    | Cereals containing gluten <input type="checkbox"/>                      | Crustaceans <input type="checkbox"/> | Eggs <input type="checkbox"/>         |
| Fish <input type="checkbox"/>                                      | Lupin <input type="checkbox"/>  | Milk <input type="checkbox"/>        | Molluscs <input type="checkbox"/>     |
| Mustard <input type="checkbox"/>                                   | Nuts <input type="checkbox"/>   | Peanuts <input type="checkbox"/>     | Sesame seeds <input type="checkbox"/> |
| Soya <input type="checkbox"/>                                      | Sulphur dioxide (sometimes known as sulphites) <input type="checkbox"/> | NONE <input type="checkbox"/>        |                                       |
| Does your child have any other allergies?                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                |                                      |                                       |
| If yes, please give details:                                       |   |                                      |                                       |
| Does your child require any medication?                            | Yes <input type="checkbox"/> No <input type="checkbox"/>                |                                      |                                       |
| If yes, please give details:                                       |   |                                      |                                       |
| Does your child have a recognised disability?                      | Yes <input type="checkbox"/> No <input type="checkbox"/>                |                                      |                                       |
| If yes, please give details:                                       |   |                                      |                                       |
| Are there any other professionals currently supporting your child? | Yes <input type="checkbox"/> No <input type="checkbox"/>                |                                      |                                       |
| If yes, please give details:                                       |   |                                      |                                       |