



## May 2018 Holiday booking form

Closing date for bookings Friday 27<sup>th</sup> April thereafter any available places £15.00 late fee applies.

To make in service days sustainable, Please note will operate only if a certain number of children are booked in by the deadline Friday 27<sup>th</sup> April. We will notify you by confirming your placement by 3<sup>rd</sup>

May 2018

We welcome children from all our five play settings

Accompanied with payment of £28.90 per child per day.

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
Thursday 24 <sup>th</sup> May	

### 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 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_



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:			