



Summer 2018 Holiday booking form

Closing date for bookings Friday 1st June 2018 thereafter any available places £15.00 late fee applies.

We welcome children from all our five play settings

Accompanied with payment of £28.50 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

Tick box

Tick box

Thursday 28 th June							
Friday 29 th June							
<i>Time-Out Club Closed Monday 2nd July to Friday 13th July (inclusive)</i>							
Monday 16 th July		Monday 23 rd July		Monday 30 th July		Monday 6 th Aug	
Tuesday 17 th July		Tuesday 24 th July		Tuesday 31 st July		Tuesday 7 th Aug	
Wednesday 18 th July		Wednesday 25 th July		Wednesday 1 st Aug		Wednesday 8 th Aug	
Thursday 19 th July		Thursday 26 th July		Thursday 2 nd Aug		Thursday 9 th Aug	
Friday 20 th July		Friday 27 th July		Friday 3 rd Aug		Friday 10 th Aug	
						Mon 13 th Aug	
						Tues 14 th Aug	

Back to school – TBC

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"/>	<input type="checkbox"/>
Receive emergency first aid and visit dental hospital / hospital in case of an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff to enable my child to apply sun protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be photographed to promote TOC always representing TOC activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be taken out with the club to visit park, woodlands & places of interest during the holiday periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed _____ Date _____ / ____ / ____

Booking Reference Number:

TOC

PTO
(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:			