

Chew Stoke Out of School Club



BOOKING FORM: May Holiday Child Care 2024

I would like the Chew Stoke Primary School "Out of School "Club to look after my child/children on the dates indicated below. I agree to abide by the written policies and procedures of Chew Stoke "Out of School" Club.

Name of Child _____

(Where more than one child, please fill out a separate form for each child)

Date of Birth: _____

A session will be 9am to 5pm.

PLEASE PROVIDE A PACKED LUNCH EACH DAY AND SNACK

Day	
Wednesday 29 th May	
Thursday 30 th May	
Friday 31 st May	

NB: The club can only accept children aged 4 (on 29/05/24) and under 12 (on 31/05/24). This is due to our insurance and Ofsted registration. We are not insured nor registered to provide places for children who are under 4 years old and over 12 years old.

Fee structure.

£32 per child per day. Fees are payable at time of booking. If places are still available after 20th May half day places at £20 will be available (9am-1pm OR 1pm- 5pm). PLEASE NOTE THAT THE FEE IS NON-REFUNDABLE UNLESS THE SESSIONS ARE CANCELLED DUE TO LACK OF NUMBERS.

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

Fees, Booking and Payment Terms (* delete as appropriate)

Payment must be made for the days required in advance at the time of booking

Cheques to be made payable to 'Chew Stoke Out Of School Club'

A registration form for CSOOSC must be completed for each child, a registration fee paid (£5) and payment received before bookings can be accepted.

PLEASE RETURN COMPLETED FORM, WITH PAYMENT, - **To Out of School Club**

Holiday Club Registration Form

(Where more than one child, please fill out a separate form for each child)

I would like the Chew Stoke Primary School "Out of School "Club to look after my child/children on the following dates:

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.....

I agree to abide by the written policies and procedures of Chew Stoke "Out of School" Club.

Name of Child

Date of Birth:.....

Name of Parent :.....

Contact telephone number:.....

Emergency Contact name (in case parent can not be contacted):.....

Emergency Telephone number).....

Family Doctor:.....**Phone number:**.....

Name of person collecting your child if other than parent named above:.....

*I do/ do not consent to my child.....(full name) being taken on outings to local places of interest within walking distance of the School as long as they are accompanied by CSOOSC staff at all times.

*I do/ do not consent to my child being given sun protection cream and plasters to apply if required

In the case of an accident I give consent for my child to undergo emergency medical treatment by qualified medical staff *yes/ no

Does your child suffer from any allergies / medical conditions of which holiday club staff should be aware? Yes/ No*

If 'Yes' please give details below (and back of form if necessary):

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Signed Parent/Carer:.....

Date.....