

Holiday Provision Booking Form

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| **Child’s Name:** | **Date of birth:** |
| **School attended:** | |
| **Address:**  **Parent/Carer 1 name:**  **Telephone:**  **Parent Carer 2 name**  **Telephone:** | **Emergency Contacts:**  Name:  Mobile  Name:  Mobile: |
| **Does your child have any allergies?** If yes, please give details: | **Does your child take any regular medication?** If yes, please give details: |
| **Does your child have any specific health needs or Special Educational Need/Disability (SEND)?** If yes, please give details: | **Does your child have any specific dietary requirements?** If yes, please give details: |
| **Your child’s first language:**  **Other languages spoken at home:** | **Who will usually collect your child?**  **Should you wish for someone else to collect your child that we have not met, please provide us with a password:** |
| **Is your child confident in using the toilet independently?** | **Does your child sleep during the day?** |
| **What are your child’s interests?** | **Is there anything else you would like to tell us?** |
| **Lunch:** Children will need to bring a packed lunch with them each day if staying for lunch. Please ensure there are no fizzy drinks, glass bottles, sweets, nuts or chocolate. Children accessing breakfast and tea club will be provided with meals at these times but will still need to bring a packed lunch. | |
| **Please tick – Do you give consent for your child:**  To have photos taken to be used in the holiday provision newsletters and marketing □ Yes □ No  To be taken offsite for trips in the local area (eg. walk to the shops) □ Yes □ No | |

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| **PROVISION APRIL HALF TERM – Location: Brookhill Nursery (Age 6 months – 7 years)** | | | | | |
| **Week: 3rd – 7h April** | **MONDAY**  **3/04/23** | **TUESDAY**  **4/04/23** | **WEDNESDAY**  **5/04/23** | **THURSDAY**  **6/04/23** | **FRIDAY**  **7/04/23** |
| **Breakfast** (8.00 – 8.30am)  (£4.00) |  |  |  |  | GOOD  FRIDAY |
| **AM session** (8.30am – 11.30am) (£24.00) |  |  |  |  | GOOD  FRIDAY |
| **Lunch** (11.30am-12.30pm)  (£8.00) |  |  |  |  | GOOD  FRIDAY |
| **PM session** (12.30pm – 3.30pm)  (£24.00) |  |  |  |  | GOOD  FRIDAY |
| **Tea 1** (3.30pm – 5.00pm)  (£12.00) |  |  |  |  | GOOD  FRIDAY |
| **Week 10th – 14th April** | **MONDAY**  **10.04.23** | **TUESDAY**  **11.04.23** | **WEDNESDAY**  **12.04.23** | **THURSDAY**  **13.04.23** | **FRIDAY**  **14.04.23** |
| **Breakfast** (8.00 – 8.30am)  (£4.00) | EASTER  MONDAY |  |  |  |  |
| **AM session** (8.30am – 11.30am) (£24.00) | EASTER  MONDAY |  |  |  |  |
| **Lunch** (11.30am-12.30pm)  (£8.00) | EASTER  MONDAY |  |  |  |  |
| **PM session** (12.30pm – 3.30pm)  (£24.00) | EASTER  MONDAY |  |  |  |  |
| **Tea 1** (3.30pm – 5.00pm)  (£12.00) | EASTER  MONDAY |  |  |  |  |

**Charges for a full day are:** 8.30am – 3.30pm - £56.00 / 8.00am – 5.00pm - £72.00

**Terms and conditions**

* If you are late collecting your child, there is a charge **of £1.00 for each minute that you are late.**
* I understand that once the contract is signed, if I wish to make any changes to my provision **this must be done within 10 days of holiday provision starting** in writing to the school office email address or **the full initial agreed fees will be charged.**
* I understand that if my child is sick, or absent for any reason, including holidays in term time, the fees are still payable.
* I understand that an unwell child should be kept at home (if they have been vomiting or had a temperature within 48 hours).
* I understand that failure to keep this agreement may result in the loss of my extended day place.
* We will communicate with you via text to you mobile phone, and email please ensure we have a correct details

**Extended Day Care payments**

You can choose to pay for these with child care vouchers, if you receive them through your place of work, or you can pay for fees directly to the school.

Please tick one option:

⃞ Card payment ⃞ Child Care Vouchers

⃞ **I have read and agreed to the stated terms and conditions.**

Signed: Print Name: Dated: