**NAILSEA SUMMER PLAYSCHEME BOOKING FORM**

**SUMMER 2019**

This year we run for 11 days from Wednesday 24th July to Wednesday 7th August, inclusive.

The scheme opens it`s doors at 8.30am each day, with registration commencing at 9am. The scheme closes at 4.00pm and parents/carers are asked to collect their children promptly.

Please note you will need to complete a **booking form** including any medical information for **each child** attending the scheme, and send to: **THE BOOKINGS SECRETARY, 47 TETBURY GARDENS, NAILSEA, BS48 2TL.**

**No bookings can be accepted by telephone** – **Please check website for availability before making payment.**

***PAYMENT:* Cash payments can not be accepted.**

***Cost: -*** *£16 per day 1st child, and £14 per day for siblings. Full time £160 1st child, and £140 2nd /3rd child (11 DAYS FOR THE PRICE OF 10)*

**Bank transfer: - Sort code 40-34-39 & Account number 31193201 or Cheques** made payable to **Nailsea Summer Playscheme.**

Please note, that subject to availability of appropriately trained staff and resources, we try to ensure that no child is turned away because of special needs. However, it is vital that we are fully informed of the needs concerned. If this affects your child, please enclose an explanatory letter with your booking form.

**Please complete the following details, one booking form per child:**

|  |  |
| --- | --- |
| Name of child |  |
| Name of parent/ carerContact number |  |
| Address |  |
| Emergency name and contact number | 1.2. |
| Bank transfer reference: Childs first name or initial & Surname.(18 characters maximum) |  |
| Email address (please state clearly) |  |
| **Please tick below which current year group your child is in** |
| Age 4-5 Pre-school (siblings) & Reception |  |
| Age 6-7 Year 1 & 2 |  |
| Age 8-9 Year 3 & 4 |  |
| Age 10+ Year 5,6 & 7 |  |

|  |
| --- |
| **Please tick dates required** |
| **24th July** | **25th July** | **26th July** | **29th July** | **30th July** | **31st July** | **1st August** | **2nd August** | **5th August** | **6th August** | **7th August** |
|  |  |  |  |  |  |  |  |  |  |  |

**Total cost: - £**

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**PHOTO PARENTAL PERMISSION FORM**

For use of photos in publications and/or on the Nailsea Play scheme Website

I give my permission for my child’s photo(s) to be used for lay scheme Publicity. This may include photos displayed on our website on the internet.

No names will be printed..

Parent or Guardian

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**HEALTH / MEDICAL INFORMATION** **PARENTAL PERMISSION FORM**

*(NB: A medical / health form must be completed for each individual child)*

Any medical information? (Please provide full details of any medicines, allergies, illness and special needs)

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CHILDS FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH CENTRE:

**CONSENT PARENTAL PERMISSION FORM**

NB: Our staff will **NOT** administer any medication of any kind over and above simple first aid for cuts and bruises and should any problem arise, you or your emergency contact will be contacted.

**I do/do not give Consent** **for my child** to be given emergency treatment as necessary, and for contact to be made with the appropriate medical, health or social services authorities.

**I do/do not give consent to my child** partaking in all activities on offer including food tasting, skin art and hair braiding. Please see website and notice board at the scheme for all activities and report any concerns to a member of staff.

Children are not permitted to use any electrical devices (i.e. mobiles/tablets) at the scheme.

Parent or Guardian

Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_