

# Easter Holiday Activity Clubs 2019

Booking opens on Friday 11 January for Easter courses.

## 1. Child's details

Please complete a separate form for each child

First Name: ..... Surname: ..... Date of birth: .....

Current school: ..... M:  F:  Age when course starts: .....

## 2. Parent's details

Please give details of the parent or guardian we should contact regarding these courses

Name: .....

Address: .....

..... Postcode: .....

Contact telephone numbers: *Please tick which number we should call during the course.*

Home: .....  Mobile: .....  Work: .....

Email address: .....

Name and contact details of an alternative Emergency Contact during the courses if the parent/guardian listed above is not contactable:

Name: ..... Relationship to child: .....

Contact telephone number(s): .....

## 3. Photography Consent

During every course we take photographs of the activities which we then use for marketing purposes including brochures, posters and online media. Do you give consent for your child to be photographed and the images used for marketing purposes? **Yes:**  **No:**

## 4. Course Choices

All course places are allocated on a first come, first served basis. As courses fill up quickly, please select a first choice and reserve choice course for each session. Please write both the course name and code.

<b>Week 1</b>		<b>Monday 8 April - Friday 12 April 2019</b>	
AM 9.30am - 12.30pm	Course Name	Course Code	Booked <small>Office use only</small>
First choice	.....	.....	.....
Reserve choice	.....	.....	.....
PM 1.30pm - 4.30pm	Course Name	Course Code	Booked <small>Office use only</small>
First choice	.....	.....	.....
Reserve choice	.....	.....	.....

<b>Week 2</b>		<b>Monday 15 April - Thursday 18 April 2019</b>	
AM 9.30am - 12.30pm	Course Name	Course Code	Booked <small>Office use only</small>
First choice	.....	.....	.....
Reserve choice	.....	.....	.....
PM 1.30pm - 4.30pm	Course Name	Course Code	Booked <small>Office use only</small>
First choice	.....	.....	.....
Reserve choice	.....	.....	.....

## 5. Early and Late Clubs

If you would like your child to join the Early and Late Clubs, please tick the sessions required. Each morning or afternoon session costs £2.50 or £4.50 per day for both the Early and Late Clubs.

**Early club: 8.00am-9.30am**

**Late club: 4.30pm-6.00pm**

	<i>Week 1</i>	
	Early AM	Late PM
Mon	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>
Weds	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Week 2</i>	
	Early AM	Late PM
Mon	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>
Weds	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>

## 6. Medical details Please ensure ALL questions are answered in full

a. Does your child currently have any of the following conditions?

Asthma **Yes:**  **No:**  Hayfever **Yes:**  **No:**  Eczema **Yes:**  **No:**  Migraine **Yes:**  **No:**   
 Diabetes **Yes:**  **No:**  Epilepsy/Convulsions **Yes:**  **No:**

If yes, please give details:

.....  
 .....  
 .....

b. Is your child required to carry any medication with them? If so, please give details:

.....  
 .....  
 .....

c. Does your child have any allergies? **Yes:**  **No:**

If yes, please give details including any medication required:

.....  
 .....  
 .....

d. Are there any recent illnesses/conditions of which we should be aware? **Yes:**  **No:**

If yes, please give details:

.....  
 .....  
 .....

d. Do you give consent for the Director/Assistant Director of Holidays Clubs to administer or offer the following to your child, if considered necessary?

Liquid Paracetamol **Yes:**  **No:**  Anti-histamine **Yes:**  **No:**  Sun cream **Yes:**  **No:**

**Medical Declaration:** In the unlikely event of an emergency arising in which it is impossible to contact you, will you sign below to give the school permission to act on your behalf?

Signature: ..... Print name: ..... Date: .....

## 7. Checklist and payment

- I understand that I will receive a confirmation email and following this, I will make payment by bank transfer to Abbot's Hill School within 3 days of receiving the confirmation email.
- Payment due by Childcare Vouchers £..... I understand that if payment confirmation is not received by Abbot's Hill School within 7 days of receipt of the booking form, the course(s) will be cancelled.
- I am happy to be contacted in future by e-mail about Abbot's Hill Holiday Activity Clubs.

Signature: ..... Date:.....

## Miscellaneous information

Please provide any additional information you feel may be important for your child's booking, either medical or general.

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The information you provide in this form will be processed solely for the application and provision of holiday activity club services. Your data will be stored, processed and retained in accordance with our privacy policy which can be found on our website: [www.abbotshill.herts.sch.uk](http://www.abbotshill.herts.sch.uk).

**For Office Use:** Date received: ..... Medical details completed and signed   
Payment details sent  Confirmation sent