Application Form - Summer Holiday Care 2017

Please return this form to:-

The Jabberwocky Club, Top Floor, 2 Bolton Road, Addingham, Ilkley, LS29 0NR

(Ofsted registration Nº 957307)

Parent/Guardian Information

Name

Address

Post Code

Emergency Telephone

Home Phone | Mobile

E-mail

Child Information

First Names | Surname

Date of Birth | Religion

First Language | Ethnic Origin

Doctors Name | Telephone

Dentist | Telephone

Allergies

Regular Creams or Medication

Special Dietary Requirements

Please circle required sessions (please write AM or PM following the day of the week if a ½ day is required)						
Week 1	24th to 28th July	Mon	Tue	Wed	Thu	Fri
Week 2	31st July to 4th August	Mon	Tue	Wed	Thu	Fri
Week 3	7th to 11th August	Mon	Tue	Wed	Thu	Fri
Week 4	14th to 18th August	Mon	Tue	Wed	Thu	Fri
Week 5	21st to 25th August	Mon	Tue	Wed	Thu	Fri
Week 6	28th Aug to 1st Sept	N/A	Tue	Wed	Thu	Fri
Week 7	TBC	?	?	?	?	?

Total Nº of days		x £32 =		+ Total Nº of ½ days		x £17.50 =	

Please phone or email to check availability for required dates before returning this form. Please send payment along with this form within 7 days of booking. We can only guarantee your booking on receipt of your payment. Shorter days may be offered subject to availability at a cost of £3.50 per hour, however, preference will be given to bookings for a full day.

Declaration by Parent/Guardian

I/we as parent(s)/Guardian(s) apply for our son/daughter to enroll at the Jabberwocky Club for the above dates. I/we give permission for our son/daughter to be treated for illness or injury and give permission for my/our child to be taken to hospital should an emergency arise. I/we give permission for first aider to administer non-prescribed medication eg calpol/nurofen if the need arises. I/we give permission for staff to administer plasters if the need arises. I/we give permission for my/our son/daughter to be taken on outings in accordance with the settings outings policy, which may also include the use of public transport. I/we also give permission for Nursery Rhymes LLP to take and use photographs of my/our child for internal/external promotional purposes, including our website.

(Please delete where permission is not given).

Signed (Parent/Guardian) | Date | Cheque enclosed for £

Please make cheque payable to "Nursery Rhymes", if you require a receipt, please enclose a S.A.E.