

**Summer Activity Weeks**

SURNAME OF CHILD .......................................................................…

FIRST NAMES ..........................................................

Date of birth ........ /.......... /.......... Male / Female (please circle)

PARENT/GUARDIAN INFORMATION (TWO CONTACTS REQUIRED)

Full Name 1).......................................................... 2)……………………………………….

Address ............................................................ Address…………………………………

.......................................................................... ………………………………………….

Post Code ..................................... Post code ………………………

Home Tel .......................................................... Home Tel ……………………………..

Mobile Tel ......................................................... Mobile Tel………………………………

Work Tel ............................................................ Work Tel………………………………...

Email ............................................................ Email……………………………………

MEDICAL & DIETARY INFORMATION

Does your child have any medical conditions or disabilities? Yes No

Does your child take any medication? Yes No

Does your child suffer from any allergies? Yes No

Does your child require any kind of special diet? Yes No

If the answer is yes to any of the above please provide further details. (continue on a separate sheet if necessary)

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Parental consent

I/we give consent to my child receiving treatment for minor cuts and bruises from staff

Signed ………………………………………………..

print name ………………………….parent/guardian

I/we give consent to my child receiving treatment from a qualified first aider

Signed ………………………………………………..

print name ………………………….parent/guardian

If my child requires more serious medical treatment and I/we cannot be contacted I/we give permission for my child to be taken to hospital to receive appropriate treatment

Signed ………………………………………………..

print name ………………………….parent/guardian

If someone other than yourself is collecting your child at the end of the day, please inform staff when dropping child off.

Please note if your child is unwell they will be unable to attend, after sickness or diarrhoea we have a 48 hour exclusion period.

Signature ................................................................................................................................................

Parent/Guardian ................................................................................................................................................

Print Name ................................................................................................................................................

Relationship to Child ................................................................................................................................................

Date ......... /............ /.............

If you would like to receive our news and information please” opt in” by ticking the box below.

Yes please email me with news, information and events □

No do not email me with news, information and events □

Your details will remain on our mailing list until you tell us otherwise. You can opt out at any time by emailing us or in person.

We will not share your email address with any third parties.

We retain all records based on our legal and regulatory requirements.



Blagdon Under Fives

Pre-school and Toddler Group

Bath Rd

Blagdon

North Somerset

BS40 7RW

Tel: 07748 367 257

Booking form

Summer Activity week August 5th – 9th

Please complete the booking form below indicating which sessions you require.

Child’s name…………………………………………………..

Date of birth………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TIMES AND COST PER SESSION | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| 8AM -9AM £5 |  |  |  |  |  |
| 9AM -3PM £25 |  |  |  |  |  |
| 3PM -5PM £12.50 |  |  |  |  |  |

TOTAL DUE………………………………………………

Deposit

£20 to be paid by 1st of July 2019

Payment can be made by cash, cheques payable to Blagdon Under Fives

BACS: account No: 76973909 sort code 09-01-52

Full cost to be paid by August 2nd 2019

………………………………………………………………………………………………

OFFICE USE ONLY

We confirm ………………………………………place at Blagdon preschool summer activity week.

Date…………………………….



Blagdon Under Fives

Pre-school and Toddler Group

Bath Rd

Blagdon

North Somerset

BS40 7RW

Tel: 07748 367 257

Booking form

Summer Activity week August 12th – 16th

Please complete the booking form below indicating which sessions you require.

Child’s name…………………………………………………..

Date of birth………………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TIMES AND COST PER SESSION | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| 8AM -9AM £5 |  |  |  |  |  |
| 9AM -3PM £25 |  |  |  |  |  |
| 3PM -5PM £12.50 |  |  |  |  |  |

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Date…………………………….