Spring Half-Term Booking Form

Completing our booking form:

- complete ALL sections.
- please use BLACK INK and write in CAPITAL LETTERS
- ONE booking form per child
- PAY in advance. Closing Date: Friday 14th February

1. What type of day care do you need? Please ☑ one box:									
Core Day (anytime between 8am-6pm), £28									
2. When would you like your child to attend? Please ☑ boxes:									
W/B	17/02/2014								
Mon									
Tue									
Wed									
Thu									
Fri									
3. Child's Details. Please write and ☑ boxes:									
First Nam	ne:	Last Name:	Last Name:			School:			
My child is already registered at Playcentre. Tell us about any changes (below) and sign the form.									
Date of B	Date of Birth: Girl								
Ethnicity:	Ethnicity: Black African Banglasdeshi Chinese White								
	Black Caribbear	n 🔲 Indian	☐ Indian ☐ Asian Other			☐ White Irish			
Black Other Pakistani Other									
Person to collect child:									
Relationship to child:					Telephone	:			
Emergency contact:					Telephone	:			
Are you willing for your child to have their photograph taken which may be used in news or publicity?									
Do you agree to your child being taken away from site, under supervision, to visit places within walking distance?									
Is your child likely to runaway from Playcentre?					Yes] No			
4. Parent/Carer Details. Please write and ☑ boxes:									
Title:	e: First Name:		Last Name:						
Address:	Address: Mobile Phone		one:	Evening Phone:					
Postcode	:	Work Pho	Work Phone:			Home Phone:			
Email Address:									
Work Address:									

Addison Playcentre - Friendships, Fun & Confidence

5. Emergency & Medical Information. Please write and ☑ boxes:								
Does your child have:	a disability or special need?	•	Yes No					
	a known medical condition?	?	Yes No					
	a special diet?		☐ Yes ☐ No					
	any allergies?		Yes No					
If YES, please give further details:								
Does your child need m	nedication during play schem	e hours?	Yes No					
If YES, please ask for and complete a Medical Record Form								
In the event of a medical emergency requiring immediate medical attention of my child, staff will contact me as soon as possible. Where this is not possible, I give my consent to staff to administer first aid or seek medical attention (to take my child to hospital or to a doctor's surgery).								
Doctor's Name & Addre	ess:							
6. Further details. Please write and $oxdot$ box:								
SOCIAL WORKER to com	nplete and sign this section a	greeing payment to b	e made by SOCIAL SERVICES.					
Name:	Telephone:	To	eam:					
Signature:	Cost Code:							
Any further details about child eg court orders, challenging behaviour:								
Requires one-to-one worker:								
7. Parent/Carer's Declaration & Fees								
I have read the leaflet and accept the Terms & Conditions.								
Your name:		Your signature:						
Relationship to child:		Date:						
Amount enclosed: £		Cheques payable to Addison Playcentre Payment by credit/debt card or cash preferred.						
 Terms & Conditions Age Range. Children must have reached their 4th birthday and we only take children up to their 12th birthday. Packed Lunches. You should provide your child with a healthy, cold packed lunch (unfortunately we are unable to heat food). We store packed lunches in cool areas but do not provide refrigeration. Please do not include any nut products, fizzy drinks, glass bottles or sweets in the packed lunch. Family discount. Families booking 3 (or more) children into our 		 Late Collection. If you collect your child later than you have registered for, you will be charged a fee of £10 for each quarter hour or part thereof. This fee will be deducted from any advance holiday payments made. Advance Payment. Children may not be left at our Playcentre unless all fees are paid in advance. If a child is left and debts exist, staff will treat this as an abandoned child and will contact Social Services . Refunds. Requests for refunds must be made in writing. A refund 						

Return to Addison Playcentre, Addison Primary School, Addison Gardens, London. W14 ODT

This applies to in-borough residents only.

holiday project will be given a free place. Children must be living at

the same address and proof provided eg Child Benefit Book/Letter.

will be made if a place on the holiday play project is cancelled two

full working weeks before the start of the project. A pro-rate refund will be allowed only if your child has been sick for more than 3 days

and the doctor's certificate indicating this is provided. All refunds are subject to an administration charge of $\mathfrak{L}5$ per child.