

BADGERS HOLIDAY CLUB BOOKING FORM

Childs name…………………………………………………..

DOB………………………..

School………………………………………………………......

Class……………………..

Home contact number…………………………………….

Mobile contact number……………………………………

Emergency contact number……………………………..

Parental responsibility……………………………………..

Address………………………………………………………….

………………………………………… postcode…………….

Email address………………………………………………….

Please tick sessions required for the week. Half day sessions are available, however please check times for outings on the day.

|  |  |  |  |
| --- | --- | --- | --- |
| DAY | AM  Session | PM  Session | |
| Monday 20th Feb |  |  | |
| Tuesday 21st Feb |  |  | |
| Wednesday 22nd Feb |  |  | |
| Thursday 23rd Feb |  |  | |
| Friday 24th Feb |  | n/a | |
|  |  |  |  |

### Please take note sessions that are booked and then cancelled will still be charged for

I give Permission for My Child/ren to be taken out on visits.

Signed………………………………Date ……………

I give permission for photography to be taken and used for advertising of the holiday club

Signed ……………………………. Date ………………

Should transport be required I give permission for my child to go on public transport or be driven in the nursery vehicles

Signed……………………………... Date………………...

I give permission for my child to be given emergency first aid.

Signed……………………………… Date……………………