



Fir Tree Booking Form

Child Details												
First Name				Last Name								
School					Boy <input type="checkbox"/>	Girl <input type="checkbox"/>						
Date of Birth		Age		Year Group	R <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

Parent / Guardian Details					
Full Name				Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>
Address					
Post Code		Mobile		Work No.	
Email					

Additional Emergency Contact Details					
Full Name			Relationship to Child		
Mobile			Work No.		

Medical Permission (please fill in a separate medical consent form for administration of medication)										
Please give details of any medical condition, dietary needs, allergies, behavioural, disabilities or anything you feel the staff should be aware of: (please indicate instructions below). PLEASE NOTE we are a totally 'NUT FREE' camp.										
Asthma	Yes <input type="checkbox"/>	Skin Complaint	Yes <input type="checkbox"/>	Dairy	Yes <input type="checkbox"/>	Nuts	Yes <input type="checkbox"/>	Plasters	Yes <input type="checkbox"/>	
Additional Needs (SEND) Email further information if required										
Dietary requirements										
Permission for your child to be administered Calpol, Antihistamine, Elastoplasts if necessary									Yes <input type="checkbox"/>	No <input type="checkbox"/>

Returning your Booking Form
Please return your completed booking form via email to: superstrikefirtree@gmail.com and once payment is received your child's place will be confirmed. Alternatively your booking form and payment can be put in an envelope and handed in at Fir Tree Junior School Reception.

Declaration	
I agree to and have fully read the Super Strike Holiday Camp terms and conditions. Refunds will be made only if the request is made one week before the Holiday Camp is due to start. No refunds will be given in the event of absence or withdrawal for any reason whatsoever of illness, voluntary withdrawal, or dismissal due to unsatisfactory conduct.	
Signed	Date

Easter Holiday

Child Details

Full Name

Boy Girl

Please tick the day(s) you require plus any additional early(s), late(s) or tea

		Early Birds 8:00-9:00am	Full Day 9:00-5:00pm	Full Week 9:00-5:00pm	Late Pick-up 5:00-6:00pm
Easter	Monday 30th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> £140 Four Day discount!	<input type="checkbox"/>
April	Tuesday 31st	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
April	Wednesday 1st	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
April	Thursday 2nd	<input type="checkbox"/>	<input type="checkbox"/>		No Late Pick-up on Thursday!
April	Good Friday				

Week 2	Easter Monday				
April	Tuesday 7th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> £140 Four Day discount!	<input type="checkbox"/>
April	Wednesday 8th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
April	Thursday 9th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
April	Friday 10th	<input type="checkbox"/>	<input type="checkbox"/>		No Late Pick-up on Friday!

£7 Early Birds	£40 Per Day	£140 Discount	£5 Late Pick-up
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Payment	Sub Total	£	£	£	£
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Total	£
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10% Sibling Discount - eldest child pays full fee	When booking 1-3 days <input type="checkbox"/>	Total	£
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Tax Free Childcare		Tax Free Childcare <input type="checkbox"/>
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Childcare Voucher Provider		Childcare Vouchers <input type="checkbox"/>
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Super Strike Fundraisers Ltd / Lloyds /Sort: 30-99-03 / Account: 22484260

Bank Transfer

Cheques made payable to:(Super Strike Fundraisers Ltd)

Cheque

Cash

Official Use Only

Booking recorded Payment received Confirmation email sent Registration completed