# Fir Tree Booking Form

## Child Details

| | | | | | |
|---|---|---|---|---|---|
| First Name | | Last Name | | | |
| School | | | | Boy ☐ | Girl ☐ |
| Date of Birth | | Age | | Year Group | R ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ |

## Parent / Guardian Details

| | | | | | |
|---|---|---|---|---|---|
| Full Name | | | | Parent ☐ | Guardian ☐ |
| 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 ☐ | Skin Complaint | Yes ☐ | Dairy | Yes ☐ | Nuts | Yes ☐ | Plasters | Yes ☐ |

| | |
|---|---|
| Additional Needs (SEND)<br>Email further information if required | |
| Dietary requirements | |
| Permission for your child to be administered Calpol, Antihistamine, Elastoplasts if necessary | Yes ☐ No ☐ |

## Returning your Booking Form

Please return your completed booking form via email to: superstrikefirtree@gmail.com and once payment is received your childs 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 | |

# **February** Half Term

| **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 |
|---|---|---|---|---|---|
| **Half Term** | Monday 16th | ☐ | ☐ | ☐ **£175** Full week discount! | ☐ |
| February | Tuesday 17th | ☐ | ☐ | | ☐ |
| February | Wednesday 18th | ☐ | ☐ | | ☐ |
| February | Thursday 19th | ☐ | ☐ | | ☐ |
| February | Friday 20th | ☐ | ☐ | | No Late Pick up on Friday! |
| | | **£7** Early Birds | **£40** Per Day | **£175** Discount | **£5** Late Pick-up |
| **Payment** | Sub Total | £ | £ | £ | £ |

| **10% Sibling Discount - eldest child pays full fee** | When booking 1-4 days ☐ | **Total** | £ |
|---|---|---|---|

| Tax Free Childcare | | Tax Free Childcare ☐ |
|---|---|---|
| Childcare Voucher Provider | | Childcare Vouchers ☐ |

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 ☐ |