



# 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: <a href="mailto:superstrikefirtree@gmail.com">superstrikefirtree@gmail.com</a> 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

# May Half Term

Child Details	
Full Name	Boy <input type="checkbox"/> Girl <input type="checkbox"/>

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
<b>Half Term</b>	Bank Holiday				
May	Tuesday 26th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>£140</b> Four Day discount!	<input type="checkbox"/>
May	Wednesday 27th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
May	Thursday 28th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
May	Friday 29th	<input type="checkbox"/>	<input type="checkbox"/>		No Late Pick-up
		<b>£7</b> Early Birds	<b>£40</b> Per Day	<b>£140</b> Discount	<b>£5</b> Late Pick-up

Payment	Sub Total	£	£	£	£

<b>10% Sibling Discount - eldest child pays full fee</b>	When booking 1-3 days <input type="checkbox"/>	<b>Total</b>	£
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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 <input type="checkbox"/> Payment received <input type="checkbox"/> Confirmation email sent <input type="checkbox"/> Registration completed <input type="checkbox"/>