

# Katesgrove Booking Form



Child Details			
First Name		Last Name	
School			
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:superstrikekatesgrove@gmail.com">superstrikekatesgrove@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 Katesgrove Primary 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	Late Pick-up With Tea
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Half Term	Monday 16th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>£175</b> Full week discount!	<input type="checkbox"/>	<input type="checkbox"/>
February	Tuesday 17th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
February	Wednesday 18th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
February	Thursday 19th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
February	Friday 20th	<input type="checkbox"/>	<input type="checkbox"/>		No Late Pick-up or tea on Friday!	

<b>£7</b> Early Birds	<b>£40</b> Per Day	<b>£175</b> Discount	<b>£5</b> Late Pick-up	<b>£8</b> With Tea
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Payment	Sub Total	£	£	£	£	£
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10% Sibling Discount - eldest child pays full fee	When booking 1-4 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