

# Katesgrove 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: [superstrikekatesgrove@gmail.com](mailto:superstrikekatesgrove@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 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		
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# October 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	Late Pick-up With Tea
Half Term	Monday 27th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>£175</b> Full week discount!	<input type="checkbox"/>	<input type="checkbox"/>
October	Tuesday 28th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
October	Wednesday 29th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
October	Thursday 30th	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
October	Friday 31st	<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

Payment	Sub Total	£	£	£	£	£
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<b>10% Sibling Discount - eldest child pays full fee</b>	When booking 1-4 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"/>