

Manager to complete

Staff member taking booking: \_\_\_\_\_

Method of payment	Cash	BACS
Deposit received	Cash	BACS

**Extra Time @ Clockhouse  
May 2018 Child Booking Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent / Carer Name \_\_\_\_\_ Tel No: \_\_\_\_\_

Name of child's school \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

**Details of an alternative contact**

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Medical / Health information**  
Does your child have any health issues (including asthma, special educational needs or physical disabilities)? **Yes / No**

\_\_\_\_\_

Does your child have any dietary requirements or allergies? **Yes / No**

\_\_\_\_\_

**Permission: I give permission for**

My child to attend all outings and trips on the days they attend **Yes / No**

My child to have their face painted **Yes / No**

My child to have their photograph taken **Yes / No**

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Medical Treatment:** In the event that my child requires immediate medical treatment, I hereby authorise the Manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf.

Parent / Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TICK THE DAYS & SESSIONS YOU REQUIRE OVERLEAF**

***We are open from Tuesday 29<sup>th</sup> May to Friday 1<sup>st</sup> June 2018***

		Tues 29 <sup>th</sup> May	Weds 30 <sup>th</sup> May	Thurs 31 <sup>st</sup> May	Fri 1 <sup>st</sup> June
7.30am - 6.00pm					
7.30am – 12.30pm			Full day only		
1.00pm – 6.00pm			Full day only		
Please tick the sessions you require					

**Please note:** Essex After School Club operates a ‘pay and play’ policy and all fees for the week are to be paid in advance on the first morning your child attends the Club. You will be charged for all days booked even if your child does not attend.

**Your deposit will be deducted from the last day that your child attends**

I understand the terms and conditions of payment for the holiday scheme

Parent / Carer Signature \_\_\_\_\_ Date \_\_\_\_\_