| BOOKING DEADLINE: 7 <sup>th</sup> March 2022  | For a Ages Ages 3* - 7   |  |  |
|---|--|--|--|
| On register excel   On invoice excel   On a/c statement   Payment received   Cak Field, The Wyches, Little Thetfo   Easter Holiday Club |  |  |  |
| Child 1   | Child 2  |  |  |
| Child's Name: Child's Name:   |  |  |  |
| Child's Date of Birth:  | Child's Date of Birth:   |  |  |
| Care Information: (medical conditions, allergies, medicines, SEND)  | Care Information: (medical conditions, allergies, medicines, SEND) |  |  |
| Primary language spoken at home:  | Primary language spoken at home:                                   |  |  |
| Primary Carers Name:<br>Address:  |  |  |  |
| Landline Phone:   | Nork Phone:  |  |  |
| Mobile:   |  |  |  |
| Email:  |  |  |  |

Yes, I am happy to receive emails from Little Thetford Acorns regarding pre-school activities and fundraising events Please tick box Secondary Carer Emergency Details

Secondary Carer Emergency Details Name: Mobile:

Relationship to child: Landline:

Please tick which days you require your child to attend and the session/s required.

| Date                            | Full Day<br>(9am-4pm) | AM<br>Session<br>(9am-12pm) | Lunch Club<br>(12pm-1pm) | PM<br>Session<br>(1pm-4pm) | Fees:<br>Full day £35.00<br>Per Session £15.00 |
|---------------------------------|-----------------------|-----------------------------|--------------------------|----------------------------|--|
| Monday 4 <sup>th</sup> April    |                       |                             |                          |                            | Lunch Club £ 5.00                              |
| Tuesday 5 <sup>th</sup> April   |                       |                             |                          |                            |  |
| Wednesday 6 <sup>th</sup> April |                       |                             |                          |                            |  |
| Thursday 7 <sup>th</sup> April  |                       |                             |                          |                            |  |

Payment method: Total Cheque £..... Cash £..... Transfer £..... Voucher £.....

## A deposit of £5 is required to secure a booking, which will be invoiced on receipt of the completed booking form.

Invoices will be emailed three weeks before the start of Holiday Club. Please note, payment is due by the 21<sup>st</sup> March. Cheques should be made payable to 'Little Thetford Acorns'.

Our bank details are NatWest, Account Number 43071082, Sort Code 52-41-19, please use your child's name/ surname as a reference and e-mail <u>office-littlethetfordacorns@btconnect.com</u> to confirm payment.

Children attending all day should bring a packed lunch with them and a healthy snack for the morning and afternoon sessions. Lunchtime will be between 12pm and 1pm. Children attending the morning or afternoon session may choose to bring a packed lunch and stay for a slightly longer session. Please ensure your child brings a named water bottle containing fresh water. Milk and water can be provided.

\*Any children aged between 3 and 4 years attending the holiday club must be registered with Little Thetford Acorns Pre-School. We require a weeks' notice of any cancellations, failure to give the required notice will result in a charge.



Oak Field, The Wyches, Little Thetford, Ely, Cambridgeshire, CB6 3HG www.LittleThetfordAcorns.org.uk

Little Thetford Acorns reserves the right to cancel any Holiday Club sessions. We will endeavour to give you 7 days' notice of any such cancelled sessions. Please return your booking form by 7<sup>th</sup> March in time to confirm whether there is sufficient attendance to run all sessions – thank you.

Any personal information you supply to us will be collected, stored and used in accordance with the principles of the General Data Protection Regulations and our own Records and Safeguarding Policies. We will always seek your consent where we need to share information about your child with any other professional or agency. We are required by law to override your refusal to give consent only in specific circumstances where the child or someone in the family may be in danger if we do not share that information.

Signed..... Date.....