

# Welcome to May Holiday Club 2024 Booking Form

|                  |
|------------------|
| Name of Child 1: |
|                  |
|                  |
|                  |
|                  |
| Date of Birth:   |
|                  |
|                  |
| Name of Child 2: |
|                  |
|                  |
|                  |
|                  |
| Date of Birth:   |
|                  |
|                  |
| Name of Child 3: |
|                  |
|                  |
|                  |
|                  |
| Date of Birth:   |
|                  |
|                  |

| Week 1          |    |                       |    |                       |  |
|-----------------|----|-----------------------|----|-----------------------|--|
| Friday 24th May | AM | <input type="radio"/> | PM | <input type="radio"/> |  |
|                 |    |                       |    |                       |  |
|                 |    |                       |    |                       |  |

| Week 2             |    |                       |    |                       |                 |
|--------------------|----|-----------------------|----|-----------------------|-----------------|
| Tuesday 28th May   | AM | <input type="radio"/> | PM | <input type="radio"/> | Friday 31st May |
|                    |    |                       |    |                       | AM              |
|                    |    |                       |    |                       | PM              |
| Wednesday 29th May | AM | <input type="radio"/> | PM | <input type="radio"/> |                 |
|                    |    |                       |    |                       |                 |
| Thursday 30th May  | AM | <input type="radio"/> | PM | <input type="radio"/> |                 |
|                    |    |                       |    |                       |                 |

|                        |           |
|------------------------|-----------|
| Home Address:          |           |
|                        |           |
|                        |           |
|                        |           |
|                        | Postcode: |
|                        |           |
| Home Tel:              |           |
|                        |           |
| Mobile Tel:            |           |
|                        |           |
| Email Address:         |           |
|                        |           |
| Child's Primary School |           |
|                        |           |
|                        |           |

Please return your booking form to:

The Club, Ashton House Nursery, Church Road, Ashton Hayes, Chester, Cheshire, CH3 8AB

Please note:

For all current parents, we are able to take bookings via email. Please state clearly your child's name and the days required to enquiries@ashtonhousenursery.co.uk and we will send you confirmation of the booking. For all new parents, fees must be paid in advance to confirm the booking. This payment is non-refundable unless one months notice of cancellation of the booking is given. Please telephone 01829 751353 for our bank details. The Club is only available to children who attend Primary School.



# Welcome to May Holiday Club 2024 Booking Form

| Contact 1:                |             |
|---------------------------|-------------|
| (Mr/Mrs/Miss/Ms/Dr) Name: | Occupation: |
| Workplace:                | Mobile:     |
| Work Tel:                 | Email:      |

| Contact 2:                |             |
|---------------------------|-------------|
| (Mr/Mrs/Miss/Ms/Dr) Name: | Occupation: |
| Workplace:                | Mobile:     |
| Work Tel:                 | Email:      |

|   |        |        |
|---|--------|--------|
| Preferred Email Address For Invoicing (Please Circle) | Father | Mother |
|---|--------|--------|

**Parental / Guardian Responsibility**

If married, please print both names and sign. If not married, Mother/Guardian Please sign name and print. Father/Guardian can print and sign if responsibility for child is held jointly.

|                              |        |
|------------------------------|--------|
| Extra Emergency Contact Name | Tel    |
| Relationship to Child        | Mobile |

**Immunisation Details (Please Circle)**

MMR Yes No    Polo/Diphtheria/Tetanus Yes No    Whooping Cough Yes No    Meningitis Yes No

**Health and Allergy Details**

Calpol Authorisation (Signature)

Religion/Culture:

|  |  |
|--|--|
| <p>Parents' permission for Club staff to escort child on outings and in an emergency, to doctor/hospital.<br/>Signed</p> <p>Parents' permission for staff to seek emergency treatment and advice from a medical practitioner.<br/>Signed</p> <p>Parents' permission for your child's/children's photos and videos to be used in Nursery/Club publications, Nursery website. Nursery social media and local press.<br/>(Please circle one and sign) YES NO<br/>Signed</p> | <p>I have read and understood Ashton House Nursery's Safeguarding Children Procedure.<br/>Signed</p> <p>I have read and agree to abide by the terms and conditions of The Club.<br/>Signed<br/>Date</p> <p>How did you Hear about The Club?<br/>Facebook      Instagram      Website</p> <p>Other (please state)</p> |
|--|--|

