

SCAMPS

Silverhill Care and Multi-Activity Play Scheme

Scamps Mobile Number – 07928 862663

Silverhill Scamps Booking Form – February half Term Holidays
Monday 18th February – Friday 22nd February 2019

Full Day	8am – 6pm	£30.00 per child
½ Day	8am – 1pm	£20.00 per child
½ Day	1pm – 6pm	£20.00 per child
Lunch		£3.65
Tea		£3.65

- All booking forms are individual and must be accompanied by a completed registration form and pick up authorisation (regardless of prior attendance) and **full payment**.
- Please return booking forms to Silverhill Office **by 12.00pm on Wednesday 6th February 2019** **WE CAN NOT GUARANTEE AVAILABILITY FOR BOOKINGS AFTER THIS TIME.**
- We regret that bookings cancelled after Thursday 14th February 2019 will **still be charged** the full amount.
- Children will need to bring drinks and a snack for break times (and lunch if not eating at school). Please ensure that your child has enough food to last through the day.
- Please note we cannot heat food for your child.
- **Please note extra payments applicable if your child is not picked up on time. These will be as follows: £10.00 within the first 15 minutes, followed by £1.00 per minute for any additional time. Please note that this charge is per child.**
- Please make alternative arrangements if you are unable to collect your child on time.
- Should there be insufficient bookings on any day, we reserve the right to cancel that day.

Name of Child.....

Date of Birth.....Current School Year.....

Telephone number.....

Method of Payment : Please circle					OFFICE USE ONLY	
					Register	
					Invoice	
Cash	Card	Cheque	BACS	Childcare Voucher	Amount received	
					Received by	

Please tick below the sessions you require.

Date	Session Required (Tick as req.) £30.00 / £20.00	Lunch (add £3.65)	Tea (add £3.65)	Total Cost £
Monday 18 th Feb	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			
Tuesday 19 th Feb	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			
Wednesday 20 th Feb	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			
Thursday 21 st Feb	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			
Friday 22 nd Feb	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			

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	PM 1-6pm				
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	AM 8-1pm				
	PM 1-6pm				
	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				

Child's Name.....

Date of Birth.....Age.....

Address.....

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Telephone contact numbers

1st Contact

Name.....

Number.....

Relationship to child.....

2nd Contact

Name.....

Number.....

Relationship to child.....

3rd Contact

Name.....

Number.....

Relationship to child.....

Health information Please give your family doctor's name, address and telephone:**Name:**.....**Tel. No.**.....**Address:**.....

If your child should need hospital treatment, we always try to contact parents first, but if we are unable to do so, we need your permission to act in loco parentis.

- I am willing for my child to be taken to hospital should the need arise. I understand that every effort will be made to contact me in order that I can accompany my child to hospital.

YES / NO (please delete as appropriate)

In the event of your child having an open wound (graze/minor cuts) we require your permission to apply a hypo-allergenic dressing. This is the type of plaster that does not normally cause an allergic reaction.

- I give permission for my child to have a hypo-allergenic dressing in the event of an open wound.

YES / NO (please delete as appropriate)

Medical

- | | | |
|------------|--|---------------|
| (a) | Is your child prone to travel sickness? | Yes/No |
| (b) | Has your child ever had any of the following? | Yes/No |
| | Asthma or Bronchitis | Yes/No |
| | Heart condition | Yes/No |
| | Fits, fainting or blackouts | Yes/No |
| | Severe headaches | Yes/No |
| | Diabetes | Yes/No |
| | Allergies to any known drugs | Yes/No |
| | Any other allergies (e.g. food, material) | Yes/No |
| | Other illness/disability not already named | Yes/No |
| | Any history on the family of any of the above | Yes/No |
| (c) | If the answer to any of the above is YES, please give details | |

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|------------|--|---------------|
| (d) | Is your child currently vaccinated against tetanus? | Yes/No |
| (e) | Should an illness occur after the form has been handed in, please inform us as soon as possible explaining the necessary details. | |
| (f) | Please give details of any allergies or other medical conditions you may feel it is important that we know about. | |

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***If your child has any specific dietary requirements, please indicate on this.**

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Signed.....Parent/Guardian. Date.....