

# SCAMPS

Silverhill Care and Multi-Activity Play Scheme

**Scamps Mobile Number – 07928 862663**

Silverhill Scamps Booking Form Summer Holidays.  
Monday 15<sup>th</sup> July – Friday 30<sup>th</sup> August 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 Wednesday 26<sup>th</sup> June 2019** **WE CAN NOT GUARANTEE AVAILABILITY FOR BOOKINGS AFTER THIS TIME.**
- We regret that bookings cancelled after Thursday 4<sup>th</sup> July 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
					Received by	

Date	Session Required (Tick as req.) £30.00 / £20.00		Lunch (add £3.65)	Tea (add £3.65)	Total Cost £
Monday 15 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Tuesday 16 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Wednesday 17 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Thursday 18 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Friday 19 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				

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Date	Session Required (Tick as req.) £30.00 / £20.00		Lunch (add £3.65)	Tea (add £3.65)	Total Cost £
Monday 22 <sup>nd</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Tuesday 23 <sup>rd</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Wednesday 24 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Thursday 25 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Friday 26 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				

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Date	Session Required (Tick as req.) £30.00 / £20.00		Lunch (add £3.65)	Tea (add £3.65)	Total Cost £
Monday 29 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Tuesday 30 <sup>th</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Wednesday 31 <sup>st</sup> July	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Thursday 1 <sup>st</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Friday 2 <sup>nd</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				

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Date	Session Required (Tick as req.) £30.00 / £20.00		Lunch (add £3.65)	Tea (add £3.65)	Total Cost £
Monday 5 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Tuesday 6 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Wednesday 7 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Thursday 8 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Friday 9 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				

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Date	Session Required (Tick as req.) £30.00 / £20.00		Lunch (add £3.65)	Tea (add £3.65)	Total Cost £
Monday 12 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Tuesday 13 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Wednesday 14 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Thursday 15 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Friday 16 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				

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Date	Session Required (Tick as req.) £30.00 / £20.00	Lunch (add £3.65)	Tea (add £3.65)	Total Cost £
Monday 19 <sup>th</sup> August	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			
Tuesday 20 <sup>th</sup> August	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			
Wednesday 21 <sup>st</sup> August	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			
Thursday 22 <sup>nd</sup> August	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			
Friday 23 <sup>rd</sup> August	Full Day 8-6pm			
	AM 8-1pm			
	PM 1-6pm			

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Date	Session Required (Tick as req.) £30.00 / £20.00		Lunch (add £3.65)	Tea (add £3.65)	Total Cost £
Monday 26 <sup>th</sup> August Bank holiday	Full Day 8-6pm				
	AM 8-1pm		CLOSED	CLOSED	CLOSED
	PM 1-6pm				
Tuesday 27 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Wednesday 28 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Thursday 29 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				
Friday 30 <sup>th</sup> August	Full Day 8-6pm				
	AM 8-1pm				
	PM 1-6pm				

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## Scamps Registration Form

Child's Name.....

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

Address.....

.....

Telephone contact numbers

1<sup>st</sup> Contact

Name.....

Number.....

Relationship to child.....

2<sup>nd</sup> Contact

Name.....

Number.....

Relationship to child.....

3<sup>rd</sup> 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**

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

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

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

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