



## WASPS AT WOODHURST May Half Term 2018

We have a **very limited** number of places available (open to children aged between 3 years and 11 years). Please return both forms and payment **by 11<sup>th</sup> May 2018**. If you are returning forms and payment after the closing date please contact WASPS to check availability.

All bookings received will be acknowledged by email. If we are unable to accommodate your booking we will include this in the email and let you know where your booking is on our waitlist.

**Places are allocated in order of receipt of a completed booking form and payment (including proof of payment if paying by BACS or vouchers). Any bookings received without payment or confirmation of payment (vouchers/BACS) will be returned to you without processing. This may result in WASPS not being able to accommodate your booking.**

Name of Child ..... Date of Birth ..... Age ..... School Year Group.....

Child ..... Date of Birth ..... Age ..... School Year Group.....

Child ..... Date of Birth ..... Age ..... School Year Group.....

Home address: .....

Contact Numbers during Holiday Club opening hours (1) ..... (2) .....

Email address: .....

Allergies: .....

Medication: (ie Asthma – inhaler please hand to staff) .....

Does your child require any additional support in Nursery /school? If so please provide details to enable us to support their time with us. YES / NO

**Staff permitting, we will try to take the children out, either by foot or using the Warfield CE School minibus. Please sign to give your consent to your child being taken off site by WASPS staff. Signed: \_\_\_\_\_ (Parent/Carer) Print : \_\_\_\_\_**

### Fees and times:

<b>1<sup>st</sup> Child ALL DAY</b> 08.45 - 6.00pm Or 08.00-6.00pm with Breakfast Club	<b>£22.00</b> <b>£24.00</b>	<b>1<sup>st</sup> Child HALF DAY</b> 8.45am-1.15pm or 1.30pm - 6.00pm Or 08.00 – 1.15pm with Breakfast Club	<b>£14.00</b> <b>£15.00</b>
<b>2<sup>nd</sup> Child ALL DAY</b> 08.45 - 6.00pm Or 08.00 – 6.00pm with Breakfast Club	<b>£20.00</b> <b>£21.00</b>	<b>2<sup>nd</sup> Child HALF DAY</b> 8.45am-1.15pm or 1.30pm-6.00pm Or 08.00 – 1.15pm with Breakfast Club	<b>£12.00</b> <b>£13.00</b>
<b>Nursery Child ALL DAY</b> 08.45 – 6.00pm Or 08.00 – 6.00pm with Breakfast Club No 2 <sup>nd</sup> child rate for Nursery children	<b>£27.50</b> <b>£30.00</b>	<b>Nursery Child HALF DAY</b> 8.45-1.15pm or 1.30pm or 6-00pm Or 08.00 – 1.15pm with Breakfast Club No 2 <sup>nd</sup> child rate for Nursery children	<b>£17.50</b> <b>£18.75</b>

- Due to unforeseen circumstances, it may not be possible to open, and we will provide as much notice as possible.
- I will sign my child/ren into and out of the club and I will arrange for my child/ren to be collected no later than the published time and by a responsible adult.
- I agree to keep my child away from WASPS if sick (vomiting or diarrhea and must be clear for 48 hours).
- I agree to my children receiving emergency 1<sup>st</sup> Aid by a qualified member of staff.
- In the event that my child/ren is involved in a serious incident while at WASPS, I will be contacted on the above number as soon as possible. In the event that my child/ren requires immediate medical treatment before I am able to get to the hospital, I hereby authorize WASPS to consent to emergency medical treatment on my behalf.
- Trainers must be worn to use the outside play equipment.
- During hot/sunny weather I will apply sun cream and provide a named sun hat. I give permission for Nivea children’s sun safe, factor 50+ to be applied as a top up if WASPS feel necessary. Water bottles will be refilled as required.
- **Due to allergies we do not allow any nut products in your child’s lunch and ice packs should be included at all times.**
- Personal information contained in this form and the booking form is subject to the Data Protection Act 1998. The information that you have provided on this form will be used for administrative purposes related to WASPS. In signing this form, you give your consent for us to disclose information that you have provided to other agencies from whom we may seek advice about any areas of your child/ren’s needs.

I agree to the above conditions. Signed: \_\_\_\_\_ (Parent/Carer) Print Name: \_\_\_\_\_ Dated \_\_\_\_\_