**Helping Hands**

**Out of School Club**

 **Holiday club booking form**

Dear Parents/Carers

Following the success of our Holiday Club, we will once again be running a play scheme during the February, Easter, Summer and October. The scheme will run in the holidays from 8am to 5:30pm.

This year we will be offering the choice of a breakfast club, which will run from 8.00am – 9.00am when play-scheme starts. There is a selection of cereals, toast and spreads, fresh fruit and drinks available for your child to enjoy.

There will be a variety of play activities available for your child to participate in, both indoors and out (weather permitting) in a fun and safe environment. Outdoor activities will include football, tennis, badminton, team games, den building, and biscuit decorating. Indoor activities will include arts and crafts, DVD and switch fun, books, board games and plenty of fun. We will also be doing treasure hunts, cake decorating. All of our staff are qualified childcare play-workers and hold first aid certificates.

 Helping hands takes no responsibility for lost or broken equipment that is brought into club.

The cost will be £25 per child per day for play scheme.

As always we are ofsted registered.

The children need to bring their own packed lunch, but mid morning snacks, fruit and drinks will be available throughout the day free of charge.

Bank details

co operative business bank

Helping Hand T/A S Kolar & M Kirwan

account number 68616850

sort code 089250

We also except childcare vouchers.

Places are limited so if you would like to book a place can you please complete the attached booking form and return it to us with full payment to secure your place.

Please feel free to contact us for any further details email:

helpinghands.childcare@hotmail.com

Many thanks.

Michelle Kirwan & Sam Kolar

Sam 07904942281

Michelle 07737535967

Email: helpinghands.childcare@hotmail.com

Club phone 07806774275

**Helping Hands Booking Form**

**Name of child ……………………………………………………. D of B ……………………………… Age ……………………….**

**Gender…………………..**

**Address………………………………..……………………………………………………………………………………………………………………………**

**…………………………………………………………………………………………….. Post Code ……………………………………….**

**Telephone No. (Home) ………………………………………………….Email address……………………………………………………..**

**1. Emergency Contact No and Name …………………………………………………………..........................**

**2. Emergency Contact No and Name …………………………………………………………………………………………………….**

**(Please supply emergency telephone no’s, name of contact, plus relationship to child)**

**Name of Parent/s with Parental responsibility………………………………………………………………………………………**

**Address (if different to above) ………………………………………………………………………........................**

**Name/s of Legal Contact ……………………………………………………………………………………………………………………………**

**Religious and ethnic origin……….. ……………………………………………………………………………………………………………..**

**Name, address and telephone number of doctor**

**…………………………………………………………………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………………………………………………………………..**

**Any other details relevant to your child (e.g. special, diet, allergy, medication, etc)**

 **…………………………………………………………………………………………………………………………………………………………………………..**

 **…………………..……………………………………………………………………………………………………………………………………………………..**

**Name of School……..……………………………………………………………………………………………………………………………………..**

**Specimen of signature (Parent/s)………………………….………………………………………………………………………………..**

**Specimen of collector/s ……………………….............................................................**

**Password for use in an emergency ………….. …………………………………………………........................**

**SESSIONS REQUIRED**

 **(Please circle)**

**February - MON TUES WEDS THURS FRI**

**April - MON TUES WEDS THURS**

**April - TUES WEDS THURS FRI**

**May TBC TUES WEDS THURS FRI**

**SUMMER 1 MON TUES WEDS THURS FRI**

**SUMMER 2 MON TUES WEDS THURS FRI**

**SUMMER 3 MON TUES WEDS THURS FRI**

**SUMMER 4 MON TUES WEDS THURS FRI**

**October MON TUES WEDS THURS FRI**

**Consent requests – Please read the consent requests below and mark them as appropriate. *\*(Please delete as appropriate)***

**\* I consent / I do not consent to my child undergoing any emergency medical treatment necessary during the running of the club.**

**\* I consent / I do not consent the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child’s health and safety.**

**Should my child need to take medication, which has been prescribed by our GP,**

**\* I consent / I do not consent, the staff to administer this medication as prescribed on my instructions only.**

**\*A late fee of £10 will be charged for each 15 minutes subsequent to the finish time.**

**Notice to cancel sessions booked are more than 7 days notice given no charge**

**More than 72 hours notice half price session fees**

**Less than 72 hours notice full price session fees**

**During some of the routine activities of the club photographs or recordings may be taken, these will be used for display work within the club or helping hands website and social media IE Instagram to promote club and as evidence for Ofsted and Early Years and training purposes, they may be used on the school website only.**

**\* I consent / I do not consent for the staff to take photographs/recordings of my child as part of the daily activities at the club.**

**Payment should be made by either cash, childcare vouchers (please check first) or directly into bank details are co operative business bank account name helping hands t/a s kolar and m kirwan account number 68616850 sort code 089250**

**Signed ………………………………… (Parent/Guardian) Date ……………………………**