



## Summer Activities Booking Form

Please tick

- I agree to a member of staff administering first aid, seeking medical advice and emergency treatment for my child/children if necessary.
- I acknowledge that all providers have legal obligations in relation to Child Protection and will act in the best interests of my child/children.
- I agree to register my child/children with the tutor at the start of the session and will collect him/her at the end of the session (if children are 10 years or younger).  
OR
- My child is 11 years or older and will arrive and leave the session unaccompanied by an adult. *Please not that children will only be supervised during the session and should leave the site immediately after the activity.*
- I give permission for my child/children to be photographed whilst participating in activities, for use in Extended Services promotional material.

Please state	Child 1 M/F	Child 2 M/F
<ul style="list-style-type: none"> <li>Medical Conditions</li> <li>Allergies</li> <li>Special Needs</li> <li>Other information</li> </ul> <p style="font-size: small;">Please continue on a separate sheet if necessary</p>		
GP Name: Address: Telephone:		

Signature of Parent/Guardian:

Print Name:

Date:

If you require confirmation of your booking please give your email address

**Email: (please print)**

or include a SAE with your booking form.

Title:	First Name:	Surname:
Address:		
		Postcode:
Tel: (home)	Tel: (work)	Tel: (mobile)
Alternative contact during activities:		
Children	Child 1 M/F	Child 2 M/F
First name:		
Surname:		
Date of birth:		
Age:		
School /Year Group:		
Activities Date/Time:		
Cost: Cheques payable to Crofton School		

Full payment is required with your booking, unless you are claiming the LEAP subsidy. All activities offered are subject to a minimum number of participants; we reserve the right to cancel any activity. You will be informed if an activity is cancelled and a full refund will be given. If you cancel your booking a refund will only be given if we are able to fill the place with another booking.

For office use only:

Total payment:

Cash/Cheque

Receipt No:

Initials:

Date entered on register:

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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