

BOOKING FORM Summer HAF 2022

Please complete this form in BLOCK CAPITALS and hand to reception.

To be completed by Parent/Carer.

Please note: One booking form must be completed per child

Child's name:		
Date of birth:	Age:	Gender:
Address:		
Postcode:		
Email address:		
Daytime contact number/s:		
Emergency contact name 1:		Contact no:
Emergency contact name 2:		Contact no:
Name of doctor:		Doctor tel:
Doctors address:		

Is there anyone who is specifically forbidden from having contact with the child? Please tick the relevant box and give details.	No	Yes
	Who:	
Should I be unable to collect my child the password for another designated person to collect the child is:		
Does your child have any medical needs, allergies, special educational needs, disability or any other special requirements (such as dietary). Please tick the relevant box and give details.	No	Yes
	Details:	

- Which school does your child attend?
- Is the Childs family in receipt of benefit related Free School Meals (FSM)? Please circle Yes No
- If so please provide the Childs unique allocation code.

Please read the following and sign below	PLEASE TICK
If your child has an allergic reaction to nuts, latex etc. and has to use an epi pen, please complete an epi pen log sheet.	<input type="checkbox"/>
I agree for my child to swim and/or go on any of the free trips provided and understand that I will need to give extra permission for my child to go on any day trips provided.	<input type="checkbox"/>
I give full permission for my child to be photographed for marketing purposes.	<input type="checkbox"/>
I do not want my child photographed.	<input type="checkbox"/>
I have read and understood the booking terms and conditions (see separate sheet) and I am happy to enrol my child on to the Holiday activities.	<input type="checkbox"/>

Additional information: How did you find out about Holiday Club?	
Signature:	Date:

BOOKING FORM

HOLIDAY CLUB: Summer HAF 2022



Eligibility:

The Summer programme will run from Monday 1st August to Thursday 25th August 2022. Whilst the programme will continue to ensure that those children and young people who receive **benefits** related Free School Meals can access provision during the school holidays, due to the addition of local funding, the programme will also be expanded to allow **ALL** children and young people who live in, or attend school, in Milton Keynes to have access to places.

To ensure that those children and young people who receive **benefits** related Free School Meals can be supported to access places local to them, a two-week priority access booking window will be made available to FSM families. These families will be issued a priority code by their child's school. Families will then be able to share the unique code with their chosen provider to allow priority access to places from **27 June**.

From **11 July** bookings will open to allow all families to book on to sessions.

Please tick [✓] the days and sessions you wish to book in the tables below: children should arrive between 9.00am - 9.15am, in extreme weather conditions the Holiday Club may not take place and you may be required to collect your child at an earlier time.

Week 1: 1st - 4th August 22

Week 2: 8th - 11th August 22

Week 3: 15th - 18th August 22

Week 4: 22nd - 25th August 22

Week 1:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>
5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>
8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>

Week 2:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>
5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>
8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>

Week 3:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>
5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>
8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>

Week 4:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>	9.00 - 13:00 <input type="checkbox"/>
5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>	5 - 7 <input type="checkbox"/>
8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>	8 - 14 <input type="checkbox"/>

FOR OFFICE USE ONLY

Medical Certificate required: No Yes If yes, date received:

Reception signature: _____ Details entered/updated on Legend? (tick)

Duty Manager signature (if applicable): _____

DATE	SESSION/S BOOKED	AMOUNT PAID	RECEIPT NO.	RECEPTION SIG