



## AUGUST HOLIDAY CLUB REGISTRATION FORM 2026

### CHILD'S DETAILS

FULL NAME OF CHILD:									
DATE OF BIRTH:			CURRENT SCHOOL YEAR: N R Y1 Y2 Y3 Y4 Y5 Y6						
HOME ADDRESS:									

### PARENT/CARER DETAILS

PARENT/CARER NAME:									
HOME ADDRESS:									
TELEPHONE NUMBER:									
EMAIL ADDRESS:									
MOBILE NUMBER:									
RELATIONSHIP WITH CHILD:									

### EMERGENCY CONTACT INFORMATION – during the August holiday

NAME:					RELATIONSHIP WITH CHILD:				
ADDRESS:									
TELEPHONE NUMBER:					MOBILE NUMBER:				

NAME:					RELATIONSHIP WITH CHILD:				
ADDRESS:									
TELEPHONE NUMBER:					MOBILE NUMBER:				

**PLEASE NOTE: IF ANY OF THIS INFORMATION CHANGES, PLEASE INFORM THE HOLIDAY CLUB STAFF IMMEDIATELY. THANK YOU.**

### MEDICAL INFORMATION

ANY KNOWN ALLERGIES/DIETARY REQUIREMENTS:									
MEDICAL HISTORY/CONDITIONS:									
GP DETAILS:									

I give permission for first aid to be administered to my child should they require it and for the staff to seek medical assistance, if this is required.

Signed:..... Print Name:.....

**COLLECTION ARRANGEMENTS** My child will usually be collected by:

<b>1. Name:</b>	Contact Number:
	Mobile:
<b>2. Name:</b>	Contact Number:
	Mobile:

**PLEASE NOTE: CHILDREN MUST BE COLLECTED BY A NAMED PERSON WHO IS OVER 16 YEARS.**

**AUGUST HOLIDAY CLUB REQUIREMENTS (Please tick days required below)**

AUGUST 2026				
Monday	Tuesday	Wednesday	Thursday	Friday
20	21	22	23	
27	28	29	30	31

**FEE- £30 PER DAY, PER CHILD**

**PAYMENTS** – All fees **must be paid in advance**; we accept payments via Parent Pay or Child Care Vouchers. Once you have indicated which days you require your ParentPay account will be updated accordingly.

Once you have reserved days, changes cannot be made and refunds will not be made, this is due to the staffing arrangements that have to be made well in advance.

**Please state a password to be used to identify yourself to staff:** \_\_\_\_\_

**I understand and abide by the policies (copies will be provided on confirmation) of the holiday club and understand that my child’s place will be withdrawn if I fail to pay the required fees, in advance.**

Signed:..... Print Name:.....Date:.....

**FOR OFFICIAL USE ONLY**

Date Received:	By:	Place Allocated: YES/NO
Waiting List: YES/NO	Fees Due: £	Fees Paid: £
Additional Notes:		