

| All about me. | |
|----------------------------------|---|
| I live with: | |
| | Number of children 1 2 3 4 5 or more My position 1 2 3 4 5 or more |
| My pets are: | |
| The language I speak at home is: | |
| My medical information: | |
| Foods I am allergic to | |
| Foods to avoid by choice | |
| My favourite activities are: | |
| Any additional information: | |

Holiday Club 2024

for children aged 2yrs - 8yrs

At The Ken Hogan Pavilion,
Overton RG25 3BT

07786294574

Games

Cooking

Crafts

Outdoor activities

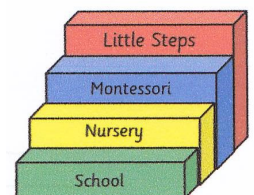
Music

Physical fun

Reading, Writing and Maths activities.

Week days from 21st July to 15th August
 8.30am - 4pm £6.00 per hour £36 for whole day. 10%
 sibling discount if attending at same time
 Fill in form and return to address above
 secure a place.

Limited spaces available book early to avoid disappointment.



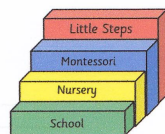
Little Steps Holiday Club

for children aged 2yrs - 8yrs

At The Ken Hogan Pavilion

Overton RG25 3BT

07786294574



Name of childknown as.....

Age DOB..... M / F

Contact Name.....

Address.....

Post Code.....

Telephone number.....Mobile

Hours are flexible, within reason, to suit your needs between 8.30am and 4pm. Lunch will be at 12 each day. Cost:- £6.00 per hour £36 for whole day (9-4) 10% sibling discount if attending at same time. Please indicate below the sessions and **times** you would like.

| Sessions required | M AM | M PM | T AM | T PM | W AM | W PM | Th AM | Th PM | F AM | F PM |
|-------------------|-----------|----------|---------|---------|----------|-----------|----------|----------|---------|---------|
| w/c 00/0/00 | 9 - 12 | X | 8.30 | - 3 | X | 12 - 4 | | EXAMPLE | | |
| w/c 21/7/25 | | | | | | | | | | |
| w/c 28/7/25 | | | | | | | | | | |
| w/c 4/8/25 | | | | | | | | | | |
| w/c 11/8/25 | | | | | | | | | | |

| | |
|---|----------|
| I/We give consent for my/our child to:- | |
| I/We give permission for photographs of my/our child to be used for:- In house newsletters | YES / NO |
| Prospectus | YES / NO |
| Advertising | YES / NO |
| Website / Facebook | YES / NO |
| We hope to take children out locally to the shops, library, or the park. I/We give permission for my/our child to take part in this sort of activity. | YES / NO |
| Should your child become ill during a session, we may feel that giving them Calpol would be of benefit. We will always seek verbal consent before administrating. I/We consent that, upon verbal consent Calpol may given. | YES / NO |
| I/We give consent to sun cream to be administered when necessary. | YES / NO |

Does you child have a medical condition (Allergies, Medication, On going Illness etc) ? If yes please provide details of their medical condition.

Are there any medicines your child takes regularly?

In the unlikely event that a medical emergency occurs it may become necessary for us to obtain emergency medical advice for your child. In serious cases it may be that we would need to obtain emergency treatment. To ensure that we are aware of parent's wishes, please give details of any cultural and/or religious beliefs which need to be taken into account before emergency aid is obtained.

I/ we do give my/our consent to make arrangements for medical advice and/or treatment should the occasion arise for the child overleaf.

Signed

Relationship to child.....

Date.....