 **EASTER HOLIDAY CLUB BOOKING FORM**

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| **Name of Child:** | **Age of Child:** |
| **Email:** |
| **Contact Name:** | **Phone Number:****1. 2.** |
| **Known Medical Conditions:****All medicines handed to YSE must be clearly labelled** If your child requires medication during please request and complete Permission to Administer Medicine Form.If your child suffers from a medical condition that may need assistance during a Holiday Club session please request and complete an Additional Care Form**.** |
| **Please list any further relevant information:** |
| **Photography / Video and Social Media Permission:****I give permission for images of my child to be used for educational and promotional purposes and for images to appear on Your Sports Education Ltd website and our Facebook page.**Your Sports Education Ltd use photography and videoing for educational, assessment and observation purposes to share and display activities your child has carried out. Personal details and names of child(ren) in photograph/video will not be given**.****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  | **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday**  | **Friday**  | **Total to Pay** |
| **AM PM** | **AM PM** | **AM PM** | **AM PM** | **AM PM** |
| **Mon 07/04 – Fri 11/04** |  |  |  |  |  |  |  |  |  |  |  |
| **Mon 14/04 – Thurs 17/04** |  |  |  |  |  |  |  |  |  |  |  |
| **SWITCH IT** |  |  | **PAMPER DAY****WK1 / WK2** |  |  | **WOODLAND DAY****WK1 / WK2** |  |  |  |
| If booking for the 5 days, cost discounted to £137.50 **Discount**Sibling discount, second and subsequent siblings at £27.50 per day (full days only)Please note that your booking is confirmed by payment **Total** |  |
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**Payment Details: WHOLE DAY £30 / HALF DAY £17.50 / SWITCH IT +£5.00**

**BACS: Sort code 09-01-29 Account no: 09528477 Reference: Your child’s name**

**We accept Childcare Vouchers and payment through Tax-Free childcare scheme**