

SANDHOLM HOLIDAY CLUB ENROLMENT FORM FOR 5-11 YEAR OLDS

Please complete in full including information required on the overleaf of this sheet.

CHILD'S NAME.....

NAME CHILD LIKES TO BE CALLED IF DIFFERENT TO ABOVE.....

DATE OF BIRTH.....

HOME ADDRESS.....

.....

HOME TELEPHONE No.....

MOTHER'S FULL NAME MOBILE.....

MOTHER'S PLACE OF WORK..... WORK TELEPHONE No.....

FATHER'S FULL NAME..... MOBILE.....

FATHER'S PLACE OF WORK..... WORK TELEPHONE No.....

SESSIONS REQUIRED. PLEASE TICK IN SPACE PROVIDED

		TIME			
		START	FINISH		
MONDAY:	Morning		Afternoon		
TUESDAY:	Morning		Afternoon		
WEDNESDAY:	Morning		Afternoon		
THURSDAY:	Morning		Afternoon		
FRIDAY:	Morning		Afternoon		

STARTING DATE..... FEES PAYABLE £..... PER WEEK

DEPOSIT PAID £..... DATE

HOW DID YOU HEAR ABOUT SANDHOLM HOLIDAY CLUB?.....

HAS YOUR CHILD PREVIOUSLY ATTENDANED A HOILDAY CLUB?

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD? (please give details).....

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Children are provided with a breakfast, lunch and tea. We provide a wholesome diet and encourage children to eat food. A menu is published each week and displayed on parents noticeboard.

Please indicate if your child should not be given certain food / drinks on the following grounds. (Please write N/A applicable).

MEDICAL (please give details).....

RELIGIOUS (please give details).....

DOCTOR..... TEL.....

ADDRESS.....

DETAILS OF ANY HEALTH REQUIREMENTS.....

DETAILS OF ANY ALLERGIES AND DISABILITIES.....

ANY RELIGIOUS OR CULTURE NEEDS?.....

In case of emergency if parents / carer not available:

PASSWORD.....

EMERGENCY CONTACT NAME & TEL. No (third contact person).....

NAME OF PERSON / PERSONS COLLECTING CHILD AND RELATIONSHIP (we must be informed of any change

.....

TERMS OF ENROLMENT:

- a) We require **non-refundable one week deposit** with this enrolment form, therefore you are not required of attendance. Copy of the child's birth certificate is essential and proof of address (copy of utility b
- b) Fees are payable weekly **in advance** on Monday or the first day of attendance. If fees are **in arrears**, **will be applicable and the child will not be accepted into Holiday club.**
- c) If fees are paid by cheque and the cheque is returned unpaid, **10% will be added** for each week that unpaid, **plus a charge of £10** per cheque to cover bank charges.
- d) It is **not** possible to offer reduction for any absences for whatever reason (holidays, illnesses, hospital place is reserved for your child throughout the year. **Nor** is there any reduction for weeks shortned b Deductions for Bank Holidays have been taken into account in the initial setting of weekly fees. Please Holiday club is closed Saturdays & Sundays and additional five days in the year.

AGREEMENT:

I have read the terms of enrolment as set out on the registration form, a copy of which I will retain, bound by these terms. I understand and agree that if fees fall into arrears I will be accepting additic child will not be accepted into the Holiday club. I hereby acknowledge that I will be personally respon: of fees and treat this form as a legally binding document.

I have also read the Policies enclosed in this information Pack.

SIGNATURE OF PARENT / CARER.....

DATE.....

SIGNED IN THE PRESENCE OF.....

(SANDHOLM HOLIDAY CLUB REPRESENTATIVE)

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FOR OFFICE USE ONLY

- 1) Date enrolment form received.....
- 2) Starting date required.....
- 3) Sessions / days at starting.....
- 4) Changes and effective dates.....
- 5) Date child left.....
- 6) Reason for leaving.....