

**NAILSEA SUMMER PLAYScheme**  
**BOOKING FORM SUMMER 2017**

Nailsea Summer Playscheme provides children with a wide variety of daily activities including sports and arts. Aimed at primary school children it runs for the first two weeks at the beginning of the school summer holidays. This year we run for 10 days from Monday, July 24th to Friday, August 4<sup>th</sup>, inclusive.

The scheme opens its doors at 8.30am each day, with registration commencing at 9am. The scheme closes at 4.00pm and parents/carers are asked to collect their children promptly.

Please note you will need to complete a **booking form** and **medical form** for **each child**. Both forms are to be sent to:

**THE BOOKINGS SECRETARY, 47 TETBURY GARDENS, NAILSEA, BS48 2TL.**

No bookings will be accepted by telephone.

***PAYMENT:***

**Cheques** made payable to Nailsea Summer Playscheme or cash sent with your booking form.

Each Friday we run our own cinema club in the hall. A tuck shop will be made available for children to purchase on the day. A timetable of events can be found on our website [www.nailseaplayscheme.com](http://www.nailseaplayscheme.com).

For enquiries and questions please check the FAQs page of our website or email to [nailseplayscheme@hotmail.com](mailto:nailseplayscheme@hotmail.com)

Please note, that subject to the availability of appropriately trained staff and resources, we try to ensure that no child is turned away because of special needs. However, it is vital that we are fully informed of the needs concerned. If this affects your child, please enclose an explanatory letter with your booking form.

We also use a mobile during the scheme and for queries prior, please call 07981711590.

**Please complete details, one form per child please.**

Name of Child		
Name of Parent/Carer		
Address		
Telephone number		
Email address(please state clearly)		
<b>Please tick which current year group your child is in.</b>		
Age 4-5	Yellow room Preschool & Reception	
Age 6-7	Green room Year One & Two	
Age 8-9	Blue room Year 3 & 4	
Aged 10+	Red room Years 5, 6 & 7.	

<b>Please tick for each day attending.</b>									
<b>Mon 24th July</b>	<b>Tues 25th July</b>	<b>Wed 26th July</b>	<b>Thur 27th July</b>	<b>Fri 28th July</b>	<b>Mon 31st July</b>	<b>Tues 1st Aug</b>	<b>Wed 2nd Aug</b>	<b>Thur 3rd Aug</b>	<b>Fri 4th Aug</b>

<b>Name of child Attending</b>	<b>Total number of days required (1-10)</b>	<b>Full Amount (£16 per day 1<sup>st</sup> child and £14 per day for siblings or full time £150 1<sup>st</sup> child and £130 2<sup>nd</sup> /3<sup>rd</sup> child)</b>	<b>Total amount and payment method</b>
			£

## MEDICAL/PARENTAL PERMISSION FORM

For Use of Photos in Publications and/or on the Nailsea Play scheme Website  
I Give My Permission for My Child's Photo(S) To Be Used for Play scheme Publicity.  
This May Include Photos Displayed On Our Website On The Internet.  
No Names Will Be Printed.

Child's Full Name: \_\_\_\_\_  
Parent Or Guardian \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PARENTAL PERMISSION FORM HEALTH / MEDICAL INFORMATION

*(NB: A medical / health form must be completed for each individual child)*

Childs FULL Name: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

HEALTH CENTRE \_\_\_\_\_

Any medical information? (Please provide full details of any medicines, allergies, illness and special needs)

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NB: Our staff will **NOT** administer any medication of any kind over and above simple first aid for cuts and bruises and should any problem arise, you or your emergency contact will be contacted.

Consent: Should any urgent matters of concern arise, I give permission for my child to be given emergency treatment as necessary and for contact to be made with the appropriate medical, health or social services authorities.

Consent: Your child partaking in all activities on offer including food tasting, skin art and hair braiding. Please see website and notice board at the scheme for all activities and report any concerns to a member of staff.

Children are not permitted to use any electrical devices (i.e mobiles/tablets) at the scheme.

Parent or Guardian  
Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Emergency contact details

1. -----
2. -----