

Booking Form Summer 2010

One form must be completed for each child. Please take it to the site you use. Tick the boxes below to tell us when you are coming.

Site I'm attending (please circle)

Kings Avenue Primary

Knights Youth Centre

WEEK ONE	Hours	Rate £	Mon 26 July	Tues 27 July	Wed 28 July	Thurs 29 July	Fri 30 July	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30pm	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30am – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free						
BREAKOUT	All day	3.50						
WEEK ONE TOTAL								

WEEK TWO	Hours	Rate £	Mon 2 Aug	Tues 3 Aug	Wed 4 Aug	Thurs 5 Aug	Fri 6 Aug	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30pm	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30am – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free						
BREAKOUT	All day	3.50						
WEEK TWO TOTAL								

WEEK THREE	Hours	Rate £	Mon 9 Aug	Tues 10 Aug	Wed 11 Aug	Thurs 12 Aug	Fri 13 Aug	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30 am	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30 pm – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free						
BREAKOUT	All day	3.50						
WEEK THREE TOTAL								

WEEK FOUR	Hours	Rate £	Mon 16 Aug	Tues 17 Aug	Wed 18 Aug	Thurs 19 Aug	Fri 20 Aug	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30 am	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30 pm – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free						
BREAKOUT	All day	3.50						
WEEK FOUR TOTAL								

WEEK FIVE	Hours	Rate £	Mon 23 Aug	Tues 24 Aug	Wed 25 Aug	Thurs 26 Aug	Fri 27 Aug	Total Due £
Breakfast Club & Playscheme	8.00 am – 3.30 am	18.60						
Playscheme	9.30 am – 3.30 pm	12.60						
Playscheme & Late stay	9.30 pm – 6.00 pm	19.60						
Whole Day Childcare	8.00 am – 6.00 pm	25.60						
Subsidised Playscheme	9.30am – 3.30pm	5.00						
Staff fee	Any (on site)	Half Price						
Volunteer	Any (on site)	Free					Finish at 3.30pm	
BREAKOUT	All day	3.50						
WEEK FIVE TOTAL								

Subsidised playscheme: Max of 2 places per week. Proof of low income required

Staff fee: For children of staff who are at work during their child's attendance

Volunteer fee: For children of volunteers who are volunteering at the time

Fees paid by **Statutory Agencies** (Job Centre, Colleges etc) are different please speak to the Centre Manager

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I am attending the playscheme at, **Kings Avenue Primary** **Knights Youth Centre (please circle)**
ABOUT YOUR CHILD

Name _____ Gender Boy / Girl (circle one)
 Age _____ School _____
 After School Club _____
 Address _____
 Postcode _____ E-mail _____

PARENT/CARER CONTACT INFORMATION

1. Name _____ Relationship _____
 Home telephone _____ Work telephone _____ Mobile _____
 2. Name _____ Relationship _____
 Home telephone _____ Work telephone _____ Mobile _____

SPECIAL NEEDS INFORMATION Please tell us ANYTHING that will help staff to see that your child is happy and safe:

Special diet?	YES	NO	Allergies?	YES	NO	Contact Order in place?	YES	NO
Mobility difficulties?	YES	NO	Behavioural Difficulties?	YES	NO	Speech/language need?	YES	NO
Phobias?	YES	NO	Special Education Need?	YES	NO	Visual/hearing impaired?	YES	NO
Other (please state)								

Please tick if the following apply to you: Childcare tax credit received Employed as a result of childcare tax credit

My annual membership is up to date YES/NO (if no, please complete form and pay membership £23)

Amount received £ _____ Cash/Credit Card/ Cheque

ALL CHEQUES MUST BE ACCOMPANIED BY A BANK GUARANTEE CARD

On occasions photographs may be taken, and pictures used in Kids' City literature.

Please tick this box if you do not want your child to be photographed

PERMISSION: On Wednesdays we all go on a Jolly Journey. I give Kids' City permission to take my child off site for this trip. I give permission for a qualified first aider to administer first aid to my child. In case of accident or emergency when we cannot contact a parent/carer, I give permission to Kids' City to take my child to hospital to receive emergency treatment.

CONTRACT: I am the parent/carer of the child named above. I confirm that my child will be attending Kids' City on the above dates and I have made the Manager aware of all-important information concerning my child's welfare.

I agree to collect my child promptly at 3.30pm or 6.00pm or I will pay a penalty of £20 per half hour.

Parent /Carer's Name _____ Signature _____ Date _____

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Amount received £	Cash/Chq/CC	Date _____ Manager's Initials _____

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ANNUAL REGISTRATION FORM

Every section must be completed in full



CHILD'S DETAILS

Child's Name _____

Address _____

Post Code _____

Date of Birth _____ Age _____

Gender (please circle) Male Female

School _____ Class _____

Have you received a copy of the Parents' Handbook? yes No

CHILD'S MEDICAL INFORMATION

Doctor's Name _____ Phone _____

Infectious Disease

(please tick to indicate)

German Measles Yes No
Whooping Cough Yes No
Chicken Pox Yes No
Measles Yes No
Mumps Yes No

Immunisation

Whooping Cough Yes No
Polio Yes No
Diphtheria Yes No
Tetanus Yes No
MMR Yes No

CARER'S INFORMATION

Carer 1 Name _____ Relationship _____
Phone _____ Mobile _____

Carer 2 Name _____ Relationship _____
Phone _____ Mobile _____

Please name anybody that will regularly collect your children.

Name _____ Phone/mobile _____
Name _____ Phone/mobile _____

EMERGENCIES

Person to contact in an emergency (this should be different from those above).

Name _____ Phone/mobile _____

ETHNIC MONITORING

- White UK Heritage
- White Irish
- White European
- White Other
- Black Caribbean Heritage
- Black African Heritage
- Black Other
- Indian
- Bangladeshi
- Pakistani
- Chinese
- Vietnamese
- Latin American
- Mixed Race
- Other (please Specify)

Special cultural or religious needs?

What is your child's first language?

EMERGENCY TREATMENT

In case of emergency when we cannot contact a parent/carer, Kids' City asks your permission to take you child to hospital to receive emergency treatment.

I consent to Kids' City taking my child to hospital to receive emergency treatment.

Signature _____ Date _____

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MEMBERSHIP TERMS AND CONDITIONS

1. Membership fee must be paid annually on the due date.
2. Children must be collected by 6pm from afterschool schemes and holiday playschemes.
3. A booking form must be completed each term.
4. Fees are paid at the start of term or holiday period, in full.
5. Children's and carer's behaviour does not interfere with the safety and enjoyment of others.

I understand and agree to the conditions above.

Signature _____

Date _____

Centre Manager to complete renewal date

Month _____ Year _____