

Easter Activity Courses

2018

This form can be used from Friday 12 January for Easter bookings.

1. Child's details Please complete a separate form for each child

First Name: _____ Surname: _____ Date of birth: _____
 Current school: _____ M: F: Age when course starts: _____

2. Parent's details Please give details of parent or guardian we should contact regarding these courses

Name: _____
 Address: _____ Postcode: _____
 Contact telephone numbers: Please tick which number we should call during the course.
 Home: _____ Mobile: _____ Work: _____
 Email address: _____
 Name and contact details of an alternative Emergency Contact during the courses if parent is not contactable:
 Name: _____ Relationship to child: _____
 Contact telephone number(s): _____

3. Photography Consent

During every course we take photographs of the activities which we then use for publicity purposes including the next brochure, posters and on our website. Do you give consent for your child to be photographed? Yes: No:

Please note if you do not show a preference we will assume it to be yes.

4. Course Choices

All course places are allocated on a first come first served basis. As courses fill up quickly, please select a first choice and reserve choice course for each session. Please write both the course name and code.

Week 1

Tuesday 03 April - Friday 06 April

AM 9.30 am - 12.30pm	Course Name	Course Code	Booked Office use only
First choice		E-AM	
Reserve choice		E-AM	
PM 1.30 pm - 4.30pm	Course Name	Course Code	Booked Office use only
First choice		E-PM	
Reserve choice		E-PM	

Week 2

Monday 09 April - Friday 13 April

AM 9.30 am - 12.30pm	Course Name	Course Code	Booked Office use only
First choice		E-AM	
Reserve choice		E-AM	
PM 1.30 pm - 4.30pm	Course Name	Course Code	Booked Office use only
First choice		E-PM	
Reserve choice		E-PM	

5. Early Birds and/or Late Flyers

If you would like your child to join the Early Birds and/or Late Flyers structured activity courses, please tick the sessions required. Each morning or afternoon session costs £2.50 or £5.00 per day for both the Early Birds and Late Flyers.

Week 1	Early AM	Late PM	Week 2	Early AM	Late PM
Tues	<input type="checkbox"/>	<input type="checkbox"/>	Mon	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	Tues	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>	Wed	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	Thurs	<input type="checkbox"/>	<input type="checkbox"/>
			Fri	<input type="checkbox"/>	<input type="checkbox"/>

6. Medical details Please ensure ALL questions are answered in full

a. Does your child currently have any of the following conditions?

Asthma **Yes/No** Hayfever **Yes/No** Eczema **Yes/No** Migraine **Yes/No** Diabetes **Yes/No** Epilepsy/Convulsions **Yes/No**

If yes, please give details:

b. Does your child have any allergies? **Yes/No** If yes, please give details including any medication required:

c. Are there any recent illnesses/conditions of which we should be aware? **Yes/No** If yes, please give details:

d. Do you give consent for the School Nurse to administer or offer the following to your child, if considered necessary?

Paracetamol (Calpol) **Yes/No** Anti-histamine **Yes/No** Sun cream **Yes/No**

Medical Declaration: In the unlikely event of an emergency arising in which it is impossible to contact you, will you sign below to give the School permission to act on your behalf?

Signature:

Print name:

Date:

7. Miscellaneous information

Please provide any additional information you feel may be important for your child's booking, either medical or general:

8. Checklist and payment I enclose the following

The course fee of £ _____ including payment for the Early Birds and/or Late Flyers if applicable (Cheque made payable to Bedford Modern School).

Payment due by Childcare Vouchers £ _____ **I understand that if payment confirmation is not received by BMS within 7 days of receipt of the booking form courses will be cancelled.**

Signature:

Date:

For Office Use: Date received: _____ Medical details completed and signed Payment received Confirmation sent