



HOLIDAY PLAY SCHEME

BOOKING FORM

Please fill out a separate form for each child. Fill in one payment summary and return to Knights Templar Sports Centre.

Childs name:	Date of Birth:	Age:		
Name of person booking child in:	'			
dress: Post code:				
Contact Tel No:	4 4			
MEDICAL INFORMATION				
Special needs:	Give details:			
Doctor's name:	Doctors Tel No:			
Medical needs e.g. allergies: Give details with medication where necessary:	☐ No			
Ethnic origin:	Religion:	1st language:		
Are you happy for photographs to be taken of your control Photographs may be used for our social media.	child whilst in activities?	Yes No		
PARENTS DETAILS				
Parental responsibility: Please indicate below the conformation for the child. Parental responsibility is defined in the Corresponsibilities and authority which by law a parent of	<mark>Child</mark> ren's Act 1989 (\$3) as "All t	the rights, duties, powers,		
Parents name:				
Address if different from above:				
Contact Tel No:	Email:			
Relationship to child:				
COLLECTION DETAILS				
Name of person(s) who have permission to collect you	ur child and relationship to the	child:		
We require a password from all parents when picking	g your child up. Password:			
Thank you for completing your child's Kidventure book designated parent who has legal responsibility for the				
I hereby give permission to the statement if required. I understand if the injury requires furth standards now require out of school care schemes to obtain medical treatment and we are unable to contact you, that Krimedical profession to administer the necessary treatment.	permission from parents, that in the	al support will be sought. Ofsted ne event that your child requires		
I do/do not give permission at the fession to carry out any necessary treatment that my child ma		o give permission to the medical pro- ot be contacted on the numbers giver		
Signed:	ned: Date:			



Please tick box for days and sessions required.

Monday 12th February to Friday 16th February

Mon 12th Feb	Tues 13th Feb	Wed 14th Feb	Thurs 15th Feb	Fri 16th Feb
Early Drop off				
08.00-09.00	08.00-09.00	08.00-09.00	08.00-09.00	08.00-09.00
AM	AM	AM	AM	AM
09.00-12.30	09.00-12.30	09.00-12.30	09.00-12.30	09.00-12.30
Lunch Session				
12.30-13.30	12.30-13.30	12.30-13.30	12.30-13.30	12.30-13.30
PM	PM	PM	PM	PM
13.30-17.00	13.30-17.00	13.30-17.00	13.30-17.00	13.30-17.00
All day:				

PAYMENT SUMMARY

No. of full days x £18.00 per day:	Total £	
No. of ½ days, £9 per ½ day:	Total £	
No. of early drop off sessions x £3.50 per day:	Total £	
No. of lunch sessions x £3.50 per day:	Total £	
	Grand Total £	
	Cheques made payable to Stevenage Leisure Limited	
Payment by cash Payment by Cheque/Ca	rd Cheques	

BOOKING CONDITIONS FOR KIDVENTURE

 Confirmation of your booking will follow after receipt of your booking form. Payment of the fee is regarded as evidence of your acceptance of the booking conditions.

How did you hear about us?

- 2. Bookings are non-transferable.
- The organisers reserve the right to amend the programme where this is found to be necessary.
- Stevenage Leisure do not accept liability for any injury, loss or damage to property however caused.
- Regulations made for the safety and comfort of Kidventure members must be observed at all times.
- The organiser cannot accept responsibility for unaccompanied children before or after the advertised times.
- 7. No refunds will be given unless a doctors certificate can be produced as proof of illness.
- If it is considered that a child's behavior is incompatible with the safe enjoyment of an activity, the organisers reserve the right to exclude any children from taking part in that activity. Under these conditions no refund will be given.

Date and	name	of rece	ntionist	making	hooking.
Date and	Hallic	OLICCE	puonist	making	DOUKING.