ants in your pants
HOLIDAY PLAY SCHEME

Central Bedfordshire great lifestyles

# BOOKING FORM

Please fill out a separate form for each child. Fill in one payment summary and return to Flitwick Leisure Centre.

| | | |
|---|---|---|
| Childs name: | Date of Birth: | Age: |
| Name of person booking child in: | | |
| Address: | | Post code: |
| Contact Tel No: | | |

## MEDICAL INFORMATION

| | | |
|---|---|---|
| Special needs: ❑ Yes ❑ No | Give details: | |
| Doctor's name: | Doctors Tel No: | |
| Medical needs e.g. allergies: ❑ Yes ❑ No<br>Give details with medication where necessary: | | |
| Ethnic origin: | Religion: | 1st language: |
| Children may take part in a nature walk or supervised session on the climbing wall.<br>I give permission for my child to climb and walk while in the care of the activities staff. | | ❑ Yes ❑ No |
| Are you happy for photographs to be taken of your child whilst in activities? | | ❑ Yes ❑ No |

## PARENTS DETAILS

| | |
|---|---|
| **Parental responsibility:** Please indicate below the contact details of the person with parental responsibility for the child. Parental responsibility is defined in the Children's Act 1989 (S3) as "All the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and its property." | |
| Parents name: | |
| Address if different from above: | |
| Contact Tel No: | Email: |
| Relationship to child: | |
| We would like to send you information about our products and services including newsletters, promotions to benefit your membership and more by post, telephone, email and text. If you agree to being contacted in this way, please tick the relevant boxes: ☐ Email ☐ Text ☐ Post ☐ Telephone | |

## COLLECTION DETAILS

| |
|---|
| Name of person(s) who have permission to collect your child and relationship to the child: |
| We require a password from all parents when picking your child up. Password: |

Thank you for completing your child's Ants in your Pants booking form. Please note that in the event of an emergency, the designated parent who has legal responsibility for the child, will be required to authorise any action necessary.

All personal data provided will be held in accordance with GDPR. For more information, please view SLL's Privacy Policy at reception, find it in the footer of our website at www.sll.co.uk or request for an email copy at enquiries@sll.co.uk

I _____ hereby give permission to the staff at the Centre to administer basic first aid treatment if required. I understand if the injury requires further attention the necessary medical support will be sought. Ofsted standards now require out of school care schemes to obtain permission from parents, that in the event that your child requires medical treatment and we are unable to contact you, that the Centre management can give permission to the medical profession to administer the necessary treatment.

I _____ do/do not give permission at the Centre to give permission to the medical profession to carry out any necessary treatment that my child may require in the event that I cannot be contacted on the numbers given.

Signed: _____ Date: _____

**Please tick box for days and sessions required.**

## Monday 26th July - Friday 3rd September*

| Monday 26th Jul | | Tuesday 27th Jul | | Wednesday 28th Jul | | Thursday 29th Jul | | Friday 30th Jul | |
|---|---|---|---|---|---|---|---|---|---|
| Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | |
| All day: | | All day: | | All day: | | All day: | | All day: | |

| Monday 2nd Aug | | Tuesday 3rd Aug | | Wednesday 4th Aug | | Thursday 5th Aug | | Friday 6th Aug | |
|---|---|---|---|---|---|---|---|---|---|
| Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | |
| All day: | | All day: | | All day: | | All day: | | All day: | |

| Monday 9th Aug | | Tuesday 10th Aug | | Wednesday 11th Aug | | Thursday 12th Aug | | Friday 13th Aug | |
|---|---|---|---|---|---|---|---|---|---|
| Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | |
| All day: | | All day: | | All day: | | All day: | | All day: | |

| Monday 15th Aug | | Tuesday 16th Aug | | Wednesday 17th Aug | | Thursday 18th Aug | | Friday 19th Aug | |
|---|---|---|---|---|---|---|---|---|---|
| Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | |
| All day: | | All day: | | All day: | | All day: | | All day: | |

| Monday 23rd Aug | | Tuesday 24th Aug | | Wednesday 25th Aug | | Thursday 26th Aug | | Friday 27th Aug | |
|---|---|---|---|---|---|---|---|---|---|
| Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | |
| All day: | | All day: | | All day: | | All day: | | All day: | |

| Tuesday 31st Aug | | Wednesday 1st Sep | | Thursday 2nd Sep | | Friday 3rd Sep | |
|---|---|---|---|---|---|---|---|
| Breakfast Club | | Breakfast Club | | Breakfast Club | | Breakfast Club | |
| All day: | | All day: | | All day: | | All day: | |

*Dates exclude weekends and 30th August.

# PAYMENT SUMMARY

No. of Breakfast Clubs x £4.60 _____ Total £ _____

No. of day camps x Members £20.00,
Non-members £20.65 per day: _____ Total £ _____

Grand Total £ _____

Payment by:

*Cheques made payable to Stevenage Leisure Limited*

Cash ☐ Card ☐ Cheque ☐ Child Voucher ☐

These vouchers need to be paid before the 1st day of attendance to the scheme.

Receipt No. _____ Child Voucher on-line ☐

How did you hear about us?

## BOOKING CONDITIONS FOR ANTS IN YOUR PANTS

1. 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.
2. Bookings are non-transferable.
3. The organisers reserve the right to amend the programme where this is found to be necessary.
4. Child care vouchers must to be paid before the 1st day of attendance to the scheme.
5. Stevenage Leisure do not accept liability for any injury, loss or damage to property however caused.
6. Regulations made for the safety and comfort of Ants in your Pants members must be observed at all times.
7. The organiser cannot accept responsibility for unaccompanied children before or after the advertised times.
8. No refunds will be given unless a doctors certificate can be produced as proof of illness.
9. 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 receptionist making booking:

Information given ☐

Date and name of receptionist/manager checking booking: