

## Holiday Care 29<sup>th</sup> May to 5<sup>th</sup> June 2023

For all 4 to 11 year olds

(Reception Class and above)

Open Monday to Friday - From 7:30am to 6:30pm

Tax Free Childcare Scheme Payments Accepted

Top Floor, 2 Bolton Road, Addingham, Ilkley, West Yorkshire, LS29 0NR

Telephone: 01943 839000

Email: <a href="mailto:nurseryrhymes999@yahoo.com">nurseryrhymes999@yahoo.com</a> Website: <a href="mailto:nurseryrhymesdaynursery.co.uk">nurseryrhymesdaynursery.co.uk</a>



## The Jabberwocky Club, Top Floor, 2 Bolton Road, Addingham, Ilkley, LS29 0NR

(Ofsted registration N° 957307)

Parent/Guardian Information						
Name						
Address						
	Post Code					
Mobile Telephone						
Home Phone	Work Phone					
E-mail						
Child Information						
First Names	Surname					
Date of Birth	Religion					
First Language	Ethnic Origin					
Doctors Name	Telephone					
Dentist	Telephone					
Allergies						
Regular Creams or Medication						
Special Dietary Requirements						
Additional Requirements/Information						
Please circle required sessions (please write AM or PM following the day of the week if a ½ day is required)						
Week 1 29 <sup>th</sup> May to 2 <sup>nd</sup> June N/A	Tue Wed Thu Fri					
Week 2 6 <sup>th</sup> to 10 <sup>th</sup> June Mon	N/A N/A N/A					
Total N° of days x £35 =	+ Total N° of $\frac{1}{2}$ days $x £18.75 =$					

Please phone or email to check availability for required dates before returning this form. Please send payment along with this form within 7 days of booking. We can only guarantee your booking on receipt of your payment. Shorter days may be offered subject to availability at a cost of £4.00 per hour, however, preference will be given to bookings for a full day.

## Declaration by Parent/Guardian

I/we as parent(s)/Guardian(s) apply for our child to enroll at the Jabberwocky Club for the above dates. I/we give permission for our child to be treated for illness or injury and give permission for my/our child to be taken to hospital should an emergency arise. I/we give permission for staff to administer plasters if the need arises. I/we give permission for my/our child to be taken on outings in accordance with the setting's outings policy, which may also include the use of public transport. I/we also give permission for the setting to take and use photographs of my/our child for internal/external promotional purposes, including our website and social media.

(Please delete where permission is not given).

Signed (Parent/Guardian)	Date	Payment Sent on			
Bank Details: Santander	Account Name: Nursery Rhymes LLP	Sort Code: 09-07-20	Account No:03217043		
(Please use child's full name as a reference)					