



Church Hill & Low Hall Nursery Schools

May 2022 Half Term Playscheme

please fill in both sections of the form



Please fill out every part of the booking form and **return to the nursery and wait for your place to be confirmed before making payment.** The last booking date is **Monday 23rd May 2022**, however this does not guarantee that places are still available. Please check availability with the office when making your booking.

Child's Name: Age:

Address:.....

Parent/Guardian Name & Telephone number:

E-mail Address:.....

May 2022	Week 1 £35 per day
Mon 30 th May	
Tues 31 st May	
Wed 1 st June	

PLEASE REMEMBER TO SEND YOUR CHILD WITH A PACKED LUNCH AS THE NURSERY DOES NOT PROVIDE THIS

Terms and Conditions:

- I understand that once the contract is signed, if I wish to make any changes to my provision **a minimum of 2 weeks' notice** is required in writing to the school office email address a 10% cancellation will be charged, **and the full agreed fees will be charged if notice is less than two weeks**
- I understand that if my child is sick, or absent for any reason, the fees are still payable.
- I understand that an unwell child should be kept at home (if they have been vomiting or had a temperature within 48 hours).
- I understand that failure to keep this agreement may result in the loss of my extended day place.
- Once booking has been made, we are unable to swap days
- If you are late collecting your child, there is a charge **of £10 for every 15 minute interval after 6:00pm**

Extended Day Care payments

You have agreed to take extended day provision.

You can choose to pay for these with child care vouchers, if you receive them through your place of work, or you can pay for fees directly to the school. **Please tick one payment option:**

School money Childcare Vouchers ref no..... TAX FREE CHILDCARE (NON-REFUNDABLE)
.....

Proof of payment to be emailed to:

(Ref/Date)

• admin@fans.waltham.sch.uk

* Church Hill Bank account: 30-99-08 01778227

Signed:.....(Parent/Carer)

Print Name Date.....

OFFICE USE ONLY:

Date of Booking:.....

Ticked off chart Added to Register Invoiced Invoice No: _____ Received Receipt No: _____

Payment banked Paying in slip No: _____

Added to SM

PAID

Child's Name:
Home Address:
Post Code:

(1)Parent/Carer Name:	
Home Address (if different from above):	
Mobile ☎:	Home ☎:
Work ☎:	Email:

(2)Parent/Carer Name:	
Home Address:	
Mobile ☎:	Home ☎:
Work ☎:	Email:

Please give details of any other person authorised to collect the child, or emergency contact::

(3)Parent/Carer Name:	
Home Address:	
Mobile ☎:	Alternative ☎:

(3)Parent/Carer Name:	
Home Address:	
Mobile ☎:	Alternative ☎:

IMPORTANT Please give details of any current Medical Information or Special/additional needs that your child has e.g.: medical conditions/ allergies/ dietary needs:

Any other useful information we should know:

Doctor's Name:
Doctor's Address:
Post Code:
☎:

Language spoken at home:

Please complete ethnicity form attached (Required by Council for monitoring of service)

Parent/Carer Signature: _____ Date: ____/____/____

