

admin@fans.waltham.sch.uk

Church Hill Nursery School Summer 2022 Playscheme

please fill in both sections of the form



Please fill out every part of the booking form and <u>return to the nursery and wait for your place to be confirmed before making payment.</u> The last booking date is <u>Monday 11th July 2022</u>, however <u>this does not guarantee that places are still available.</u> Please check availability with the office when making your booking.

Child's Name:		Age:		
Parent/Guardian Name	e & Telephone number			
E-mail Address:				
		August	Week 3 £35 a day	
July:	Week 1: £35 a day	Mon 8th August		
Mon 25 th July		Tues 9th August		
Tues 26 th July		Weds 10th August		
Weds 27 th July				
Thurs 28th July		Thurs 11th August		
Fri 29 th July		Fri 12th August		
August	Week 2 £35 a day	August	Week 4 £35 a day	
Mon 1st August		Mon 15 th August		
Tues 2nd August		Tues 16 th August		
Weds 3rd August		Weds 17 th August		
Thurs 4 th August		Thurs 18 th August		
Friday 5 th August		Friday 19th August		
 DOES NOT PROVIDE Terms and Conditions: I understand that one required in writing to charged if notice is left. I understand that if reference is left. 	THIS ce the contract is signed, the school office email a cess than two weeks ny child is sick, or absent	TH A PACKED LUNCH AS THE NURSERY wish to make any changes to my provision a minus a 10% cancellation will be charged, and the any reason, the fees are still payable.	nimum of 2 weeks' notice is full agreed fees will be	
 I understand that fai Once booking has be	lure to keep this agreeme en made, we are unable t	t home (if they have been vomiting or had a ter ay result in the loss of my extended day place. ap days ge of £10 for every 15 minute interval after 6: 1		
Extended Day Care po	<u>ayments</u>			
You can choose to pay	ike extended day provis y for these with child co o the school. Please tick	ouchers, if you receive them through your payment option:	place of work, or you can	
□ School money □ Childcare Vouchers ref no. □ TAX FREE CHILDCARE (NON-REFUNDABLE)				
Proof of payment to be	emailed to:			

* 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 □ Added to SM □ PAID □				
Home Address:				
Post Code:				
(1)Parent/Carer Name:				
Home Address (if different from above):				
Mobile 2:	Home ☎:			
Work☎:	Email:			
(2)Parent/Carer Name:				
Home Address:				
Mobile 2:	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 2:	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:				