



# Church Hill & Low Hall Nursery Schools

## MAY 2024 Half Term Playscheme



Please fill out every part of the booking form and **return to the nursery**. **Your place is only booked once we have received full payment.** The last booking date is **Monday 20th May 2024**, 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: .....

### \*\*MINIMUM 2 DAY BOOKING\*\*

May 2024	£36 per day 8am-6pm
Mon 27 <sup>th</sup> May	CLOSED
Tues 28 <sup>th</sup> May	
Wed 29 <sup>th</sup> May	
Thurs 30 <sup>th</sup> May	
Fri 31 <sup>st</sup> May	

**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

Please tick one payment option:

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

☐ Bacs Church Hill Bank account: 30-99-08 01778227

Proof of payment to be emailed to: [school@churchhill.waltham.sch.uk](mailto:school@churchhill.waltham.sch.uk)

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

Print Name..... Date.....

### OFFICE USE ONLY:

Date of Booking:.....

Ticked off chart ☐ Added to Register ☐ Invoiced ☐ Invoice No: ..... Receipted ☐ 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 <i>(if different from above):</i>	
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 ☎:

<b>*IMPORTANT*</b> 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:
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*Please complete ethnicity form attached (Required by Council for monitoring of service)*

Parent/Carer Signature:

Date:

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