



# Church Hill & Low Hall Nursery Schools

## October 2024 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 14<sup>th</sup> October 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: .....

Please select a minimum of 2 days

WK 1	£40 PER DAY
MONDAY 21 <sup>ST</sup> OCTOBER	
TUESDAY 22 <sup>ND</sup> OCTOBER	FULLY BOOKED
WEDNESDAY 23 <sup>RD</sup> OCTOBER	FULLY BOOKED
THURS 24 <sup>TH</sup> OCTOBER	FULLY BOOKED
FRIDAY 25 <sup>TH</sup> OCTOBER	

**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 booking **a minimum of 2 weeks' notice** is required in writing to the school office email address and a 10% administration fee will be charged. **The full agreed fees will be charged if I give less than two weeks' notice.**
- I understand that if my child is sick or absent for any reason, the fees are still payable as the school will still have to pay the playscheme staff.
- 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 I've booked, I am unable to swap days.
- If I am late collecting my child, I will be charged **£10 for every 15-minute interval after 6pm.**

**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 : [admin@fans.waltham.sch.uk](mailto:admin@fans.waltham.sch.uk)

Signed:.....(Parent/Carer)  
 Print Name..... Date.....

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: **We are unable to provide 1:1 care. Please also note if your child requires additional support during the school day you must inform us here. Please bear in mind this may be different to the support needed during school term as the provision is very different. Therefore, we may ask you to provide additional care. We are happy for your child to access the playscheme with care you have arranged you must include the carer's name and DBS details on the booking form, normal fees are applicable.**

Any other useful information we should know:

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

Language spoken at home:

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

