

## Holiday Care

17<sup>th</sup> to 21<sup>st</sup> February 2025

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	ctors Name Telephone						
Dentist	entist Telephone						
Allergies							
Regular Creams or Medication							
Special Dietary Requirements							
Additional Requirements/Information							
Please circle required sessions							
Week 1 17 <sup>th</sup> to 21 <sup>st</sup> February Mon	Tue	Wed	Thu	Fri			
Total Nº of days		x £37 =					
Please phone or email to check availability for requalong with this form within 7 days of booking. payment.	uired dates We can or	before returning	ng this for your boo	rm. Please send king on receip	l payment of your		

## 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 very state of a public transport. 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

(Please delete where permission is not given).

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