

## Holiday Care 24<sup>th</sup> July to 30th Aug 2024

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	Work Phone					
E-mail	E-mail						
Child Information							
First Names	Surname	Surname					
Date of Birth	irth Religion						
First Language	Ethnic Origi	Ethnic Origin					
Doctors Name	Telephone						
Dentist	Telephone						
Allergies	llergies						
Regular Creams or Medication							
Special Dietary Requirements							
Additional Requirements/Information							
Please circle required sessions							
Week 1 22 <sup>nd</sup> to 26 <sup>th</sup> July Week 2 29 <sup>th</sup> to 2 <sup>nd</sup> August Week 3 5 <sup>th</sup> to 9th August Week 4 12 <sup>th</sup> to 16th August Week 5 19 <sup>th</sup> to 23 <sup>rd</sup> August Week 5 26 <sup>th</sup> to 30 <sup>th</sup> August	N/A Mon Mon Mon N/A N/A	N/A Wed Tue Wed Tue Wed Tue Wed N/A N/A Tue Wed	Thu Thu Thu Thu N/A Thu	Fri Fri Fri Fri N/A Fri			
Total N° of days		x £37 =					

Please phone or email to check availability for required dates before returning this form. Please send payment along with this form within 7 days of booking. We can only guarantee your booking on receipt of your payment.

## 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 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 media.

(Please delete where permission is not given).

Signed (Parent/Guardian)

Date
Payment Sent on

Bank Details: Santander
Account Name: Nursery Rhymes LLP
Sort Code: 09-07-20
Account No:03217043
(Please use child's full name as a reference)