



LPW HOLIDAY CLUB BOOKING FORM: EASTER 2026

Name of child: **Age of child:**.....

Please register the dates and times your child will be attending between 8:00 am and 5:00 pm.

All children need a packed lunch if they attend between 12:00 noon and 1:00 pm.

For any queries other than invoicing, please ring **Holiday Club Staff on 07539 716875**

	Extended AM Session 08:00 – 09:00 £6.75 ph	AM ONLY 09:00 – 13:00 £28.50 (2-3 yr olds £32.50)	PM Only 13:00 – 17:00 £28.50 (2-3 yr olds £32.50)	ALL DAY 09:00 – 17:00 £48.00 (2-3 yr olds £60.50)	Fees £
Monday 30 March					
Tuesday 31 March					
Wednesday 1 April					
Thursday 2 April					
Friday 3 April Monday 6 April	CLOSED				
Tuesday 7 April					
Wednesday 8 April					
Thursday 9 April					
Friday 10 April	CLOSED				
Monday 13 April					
Tuesday 14 April					
Wednesday 15 April					
Thursday 16 April Friday 17 April	CLOSED				
TOTAL FEES: £					
<p><i>Please complete and return this form by Friday, 20th March Please do not make payment until you have received your invoice.</i></p>					



LPW HOLIDAY CLUB: EASTER 2026: CHILD INFORMATION

CHILD'S NAME		DATE OF BIRTH:
HOME ADDRESS:		
PARENT/GUARDIAN		
Name:	Relationship to child:	
Daytime telephone No:	Mobile No:	
Email Address:		
EMERGENCY CONTACT DETAILS		
Name:	Relationship to child:	
Daytime telephone No:	Mobile No:	
ADDITIONAL INFORMATION: <i>Please provide details below if your child has any special needs or individual health issues, including asthma and allergies. Please put your child's full name on inhalers and EpiPens.</i>		
COLLECTION ARRANGEMENTS FOR YOUR CHILD: <i>Please inform staff, in advance, if these arrangements are subject to change.</i>		
Name of person collecting child:	Relationship to child:	Password
Daytime telephone No:	Mobile: No:	
PERMISSIONS <i>confirm agreements for your child whilst in our care:</i>		
First Aid I hereby give consent for a member of Holiday Club staff to administer First Aid to my child	Yes	No
In the event of an accident or medical emergency, Holiday Club Staff will make every effort to contact you. Should this not be possible for any reason, do you give permission for your child to receive the medical treatment as recommended by a doctor in your absence?	Yes	No
I agree that any still and moving pictures (eg photographs) that may be taken during Holiday Club activities may be used by LPW Holiday Club in their publicity or publications	Yes	No
I consent to my child using computers and having access to pre-determined websites with adult supervision, and Wii. From time to time, children watch videos during Holiday Club. Occasionally, films may be rated PG, and we would like your consent to allow your child to watch PG films.	Yes	No
I consent to my child being given foods with a high sugar content, such as chocolate or ice cream, during occasional activities, celebrations, or special events.	Yes	No
Please inform us of any relevant information which will help Holiday Club Staff ensure that your child enjoys their time with us at the Holiday Club.		
Signed:		Date:
Parent/Guardian		