Explorers' Corner Nursery and Pre-School

Lancing Prep Worthing
A Lancing College Preparatory School

EXPLORERS' CORNER HOLIDAY CLUB BOOKING FORM: OCTOBER 2026

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

Please tick the dates and times your child will be attending between 8.00am and 5.00pm. All children need a packed lunch.

	Extended AM Session 08:00 – 09:00 £6.75 ph	AM ONLY 09:00 – 13:00 £30 (3+ years) and £34 (2 year olds)	ALL DAY 09:00 – 17:00 £52 (3 + years) and £60 (2 year olds)	Total Fees £
19 October				
20 October				
21 October				
22 October				
26 October				
27 October				
28 October				
Total				

Please complete and return this form by Friday 9 October. Please do not make payment until you have received your invoice.

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EXPLORERS' CORNER HOLIDAY CLUB: AUTUMN 2026: CHILD INFORMATION

CHILD'S NAME:	DATE OF BIRTH:
HOME ADDRESS:	
PARENT/GUARDIAN	
Name:	Relationship to child:
Daytime telephone no:	Mobile no:
Email address:	
Name:	Relationship to child:
Daytime telephone no:	Mobile no:
Email address:	
EMERGENCY CONTACT DETAILS	
Name:	Relationship to child:
Daytime telephone no:	Mobile no:
Collection arrangements for your child: Please inform staff, in advance, if these arrangements are subject to change.	
Name of person collecting child:	Relationship to child:
Daytime telephone no:	Mobile no:
Password:	
CHILD'S INDIVIDUAL NEEDS	
Child's special educational needs and individual requirements:	
Child's special dietary requirements or intolerances/ preferences (please include religious requirements):	

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Child's allergies (plasters, stings, insect bites or any foods etc.):		
If your child has any medical conditions or takes medication that staff should be aware of, please detail below:		
Name, address, and telephone number of child's doctor:		
PERMISSIONS		
I hereby give consent for a member of Holiday Club staff to administer First Aid to my child.	Yes	No
I give permission for staff to administer prescribed medication.	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 medical treatment as recommended by a doctor or emergency medical personnel in your absence?	Yes	No
I agree that any still and moving pictures (e.g. photographs) that may be taken during Holiday Club activities may be used by Lancing Prep Worthing in their publicity or publications.	Yes	No
I consent to my child using computers and having access to pre-determined websites with adult supervision. We occasionally offer the opportunity for children to watch a film during Holiday Club; these may be rated PG. 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		