

The HABS Family Support



[www.habsfamily.co.uk](http://www.habsfamily.co.uk)

## BOOKING AND CONSENT FORM FOR HABS SUMMER ACTIVITIES

WORMLEY PRIMARY SCHOOL, COZENS LANE EAST, WORMLEY, BROXBORNE, HERTS EN10 6QA

For Information please call HABS Family Support Team on 01992 303331 opt 5 or email

[klawrence@wormleyprimary.co.uk](mailto:klawrence@wormleyprimary.co.uk)

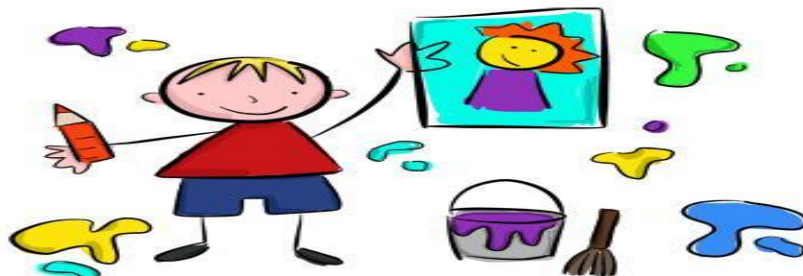
All sessions are £16.95 per day



Activities below are at Westfield Primary School

Gym And Dance	Thursday 1st August
Sports	Thursday 1st August
Gym And Dance	Friday 2nd August
Sports	Friday 2nd August
Gym And Dance	Thursday 8th August
Sports	Thursday 8th August
Gym And Dance	Friday 9th August
Sports	Friday 9th August

Sessions run from 9am - 3:30 each day. Your child will need to bring a packed lunch and a drink.



<b>Please tick :</b> Cheque: Cash: BACS:	<b>Cheques to be made payable to "The HABS Family Support Team" or exact cash amount.</b> <b>Please put in an envelope addressed to HABS Activities, Karen Lawrence. Please hand into reception at Wormley Primary School or send by post (address above to Wormley Primary School at your risk).</b>
<b>Funded by:</b> <b>Child Care Voucher/</b> <b>PP/WTBL</b>	<b>Please call for BACS details or to check if we have a voucher account.</b>

**Please call HABS Family Support Team on 01992 303331 opt 5 or email  
 klawrence@wormleyprimary.co.uk for availability on activities  
 To check availability and timings of sessions.**

**PLACE(S) CANNOT BE BOOKED/CONFIRMED UNTIL PAYMENT IS RECEIVED  
 AND WILL BE ON A FIRST COME FIRST SERVE BASIS.**

**Child's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Medical/Dietary/Special needs/disability requirements:** \_\_\_\_\_

**Emergency contact number** \_\_\_\_\_ **Emergency contact number 2:** \_\_\_\_\_

**Parent/Carer Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Declaration: I agree to my child taking part in the above mentioned courses and to their participation in the activities to be undertaken during the day. I support the need for obedience and responsible behaviour on their part. To the best of my knowledge, my child is not suffering from any medical conditions that makes them unfit to participate in this course. I agree to my child receiving medical treatment as considered necessary by the medical authorities present. I confirm that I have parental responsibility for the above named student. Consent for child's photo to be taken for promotional purposes: YES/NO**

**I have read and agree with the declaration Signature:** \_\_\_\_\_ **Date**