

Mon 23 rd July		Tues 24 th July		Wed 25 th July		Thurs 26 th July		Fri 27 th July	
am	pm	am	pm	am	pm	am	pm	am	pm
Mon 30 th July		Tues 31 st July		Wed 1 st August		Thurs 2 nd August		Fri 3 rd August	
am	Pm	am	pm	am	pm	am	pm	am	pm
Mon 6 th August		Tues 7 th August		Wed 8 th August		Thurs 9 th August		Fri 10 th August	
am	pm	am	pm	am	pm	am	pm	am	pm
Mon 13 th August		Tues 14 th August		Wed 15 th August		Thurs 16 th Aug		Fri 17 th August	
am	Pm	am	pm	am	pm	am	pm	am	pm
Mon 20 th August		Tues 21 st August		Wed 22 nd August		Thurs 23 rd August		Fri 24 th August	
am	Pm	am	pm	am	pm	am	pm	am	pm
Mon 27 th August		Tues 28 th August		Wed 29 th August		Thurs 30 th Aug		Fri 31 st August	
am	Pm	am	pm	am	pm	am	pm	am	pm
BH	BH								



Scallywags Holiday Scheme 2018

Cuddington Pavilion, Sandringham Road, Worcester Park, Surrey, KT4 8XW

0208 641 1077 (Office) 07889 913 427 (Sue) 07803 700 799 (Clare)

e mail: tinylittletinkers@yahoo.co.uk

Booking Form

- Bookings will only be accepted with payment and spaces are limited.
- Payment is not refundable
- Places are available for children between the ages of 2-5 years
- Please provide lunch for children staying all day or a hot meal at lunchtime can be provided for £2.50 per session
- Extended hours are available from 8-6 (please ask for details and costs or look on our website www.tinylittletinkers.co.uk)
- Bacs details – Scallywags Pre School

Internal Use Only Total Payment:.....

<p>Fees:</p> <p>£20.25 for a morning session 9.00-12.00</p> <p>£16.88 for an afternoon 12.15-2.45</p> <p>£38.81 for a full day 9.00-2.45</p> <p>Full Days 8-6 are available at £6.75 per hour plus £1.00 each for breakfast & tea</p>	<p>Bookings will only be accepted with payment.</p> <p>Contact:</p> <p>07803 700 799 0208 641 1077 07889 913 427</p> <p>for more information</p>
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Account Number: 11655763 Sort Code: 60-24-28



RECORD FORM - TO BE MAINTAINED IN RESPECT OF EACH CHILD

Child's Name.....

Male Female

Date of birth.....

Address.....

.....Post Code.....

Name of Parent/Guardian:.....

Telephone No.....

Mobile Telephone No.....

Email:.....

Doctor's name & Surgery:

Telephone No.....

PERSONS TO BE CONTACTED IN THE EVENT OF AN EMERGENCY

In the event that the parent/carer is not available please give the names of two people who we can contact in the event of an emergency.

Contact 1 Name:.....

Telephone No.....

Mobile Telephone No.....

Contact 2 Name:.....

Telephone No.....

Mobile Telephone No.....

CODE WORD FOR EMERGENCY COLLECTION OF CHILD:

Insert word

What is your child's first language?.....

What other languages does he/she use?.....

Does your child have any special educational needs?.....

.....

Any relevant information regarding: - Your child's health/previous illness/allergies/dietary requirement etc.

.....

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Which setting does your child currently attend:.....

I give permission for my child's photograph to be taken for display only (please see our policy) Yes No

I agree that in the event of any accident or emergency my child can be given first aid treatment and where necessary their removal to hospital.

Yes No

I give permission for my child to be taken to the park: Yes No

Signed..... Dated.....