A close up of a logo

Description automatically generated**Booking Form\***

October Half Term Holiday Club 2020

Open Monday 26th October – Friday 29th October 2020

**At Hucclecote Methodist Church Hall**

|  |  |
| --- | --- |
| **Child’s Full Name** | **Age in Years** |

Closing date for bookings is Friday 16th October.

**Terms and Conditions**

* Bookings will be confirmed upon receipt of a completed and signed booking form, accompanied by full payment. We reserve the right to deny admission to the club in the event of non-payment.
* Sibling Rates apply to the eldest child if a younger sibling attends All My Friends Holiday Club at the same time.
* Cancellations will be refunded in full when at least 2 weeks’ written notice is received and at 50% when 1-2 weeks’ notice is given. Cancellations within 7 days will not be refunded unless the setting is closed due to a localised lockdown or a confirmed case of Covid-19.
* **We will only be offering an 8am-6pm session to reduce the amount of contacts in each of the groups.**

**Please enter your required session dates and use one form per child.**

|  |  |
| --- | --- |
| **Day/Date** | **All Day**  **(✓)**  **8am-6pm** |
| **Monday 26th October** |  |
| **Tuesday 27th October** |  |
| **Wednesday 28th October** |  |
| **Thursday 29th October** |  |
| **Friday 30th October** |  |

|  |  |
| --- | --- |
| **Total Cost** | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment method** (please circle) | **BACS:**  Sort Code 20-33-83 Account Number 60684716 (Reference child’s name) | **Cash** | **Voucher** |

**Session Charges**

|  |  |  |  |
| --- | --- | --- | --- |
| Holiday Full Day (8am-6pm) | £32.00 | Holiday Full Day Sibling | £30.00 |

**\*T**o book a place, please complete and sign this booking form and send it to **Holiday Club, All My Friends Childcare, 87 Barnwood Road, Gloucester, GL2 0SF,** email it to[**ASC@allmyfriendschildcare.co.uk**](mailto:ASC@allmyfriendschildcare.co.uk)**,**  or hand it in person to the Manager at the Club.

|  |  |  |
| --- | --- | --- |
| **Please note any allergies or intolerances that your child has:** |  | Office use only:  Child details recorded on the control list? |

|  |  |
| --- | --- |
| Friends also attending Holiday Club  We will do our utmost to accommodate this in our groupings. |  |

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
| **Telephone Number** |  |
| **Email Address:**  (so we can contact you regarding your booking). |  |

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For Office Use)

Full Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For Office Use)

Child Allergy/Intolerance Recorded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (For Office Use)

[www.allmyfriendschildcare.com](http://www.allmyfriendschildcare.com)