**Easter**

**Holiday Activities Booking Form 2024**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Please tick required sessions** |  | **Monday** | | |  | **Tuesday** | | | | | **Wednesday** | | | | | | | |  | | **Thursday** | | | | |  | | **Friday** | |
| Week  Beginning | Sporting  Stars    9am-4pm    £25 | Esports  Stars    9-11am    £15 | Esports +  Sporting Stars  (Full day)  9am-4pm    £30 | | Sporting  Stars    9am-4pm    £25 | Creative  Stars    9-11am    £15 | | | Creative +  Sporting Stars  (Full day)  9am-4pm    £30 | | Sporting  Stars    9am-4pm    £25 | Esports  Stars    9-11am    £15 | | | | Esports +  Sporting Stars  (Full day)  9am-4pm    £30 | | | Sporting  Stars    9am-4pm    £25 | | Creative  Stars    9-11am    £15 | | Creative +  Sporting Stars  (Full day)  9am-4pm    £30 | | | Sporting  Stars    9am-4pm    £25 | | Esports  Stars    9-11am    £15 | Esports +  Sporting Stars  (Full day)  9am-4pm    £30 |
| **1st April** |  | CLOSED | | | 2nd | 2nd | | | 2nd | | 3rd | 3rd | | | | 3rd | | | 4th | | 4th | | 4th | | | 5th | | 5th | 5th |
| **8th April** | 8th | 8th | 8th | | 9th | 9th | | | 9th | | 10th | 10th | | | | 10th | | | 11th | | 11th | | 11th | | | 12th | | 12th | 12th |
| **Child’s Name 1:** | | | |  | | | | | | **D o B:** | | |  | | | | | | | **Age:** | |  | | **Password:** | | |  | | |
| **Child’s Name 2:** | | | |  | | | | | | **D o B:** | | |  | | | | | | | **Age:** | |  | | **Password:** | | |  | | |
| **Parent/Guardian Name**  **(1st Emergency contact):** | | | |  | | | | | | **Home Number:** | | | | | | | | **Mobile Number:** | | | | | | | | **Work Number:** | | | |
|  | | | | | | | |  | | | | | | | |  | | | |
| **Email Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | **Postcode:** | | | | |  | | | | |
| **2nd Emergency Contact Details:** | | | | **Name:** | | | | | | **Home Number:** | | | | | | | | **Mobile Number:** | | | | | | | | **Work Number:** | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | |  | | | |
| **Medical or Behaviour Conditions:** | | | | Yes\* Please detail on reverse | | | | No | | **Swimming Capability: (please circle)** | | | | | | | | Weak | | | | | Capable | | | | Strong | | |
| **I give permission for photographs of my child to be taken and used for advertising materials, including online:** | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | |
| **Where did you hear about**  **us?** (Please circle) | | | | **Kim Chapman** | | | **Twitter** | | | **Through QMC** | | | | | | | **Website** | | | | | | **Email** | | | | **School Leaflet** | | |
| **Internet Search** | | | **Facebook** | | | **Family/Friend** | | | | | | | **Families**  **Magazine** | | | | | | **Other: (please specify)** | | | | | | |
| **Parent/Guardian Signature:** | | | |  | | | | | | **Print name:** | | | | |  | | | | | | | | **Dated:** | | |  | | | |
| Office Use: | | | | Date booking made: | | | | | | | | | | Payment Method: | | | | | | | | | | Amount Paid: | | | | | |
|  | | | | Booked By: | | | | | | | | | |  | | | | | | | | | |  | | | | | |