



booking form

Only one child per booking form. Please tick appropriate boxes.

Child's Full Name:	Preferred Name:
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent / Guardian Name:	Age on Camp:
Address:	Home Telephone:
	Mobile:
Postcode:	Email
I wish my child to be grouped with: 1. <input type="checkbox"/> 2. <input type="checkbox"/>	
Childs swimming ability: <input type="checkbox"/> Cannot Swim <input type="checkbox"/> Weak Swimmer <input type="checkbox"/> Strong Swimmer	
Who else is permitted to collect your child from Camp/Bus Stop?	
Name:	Mobile:
Name:	Mobile:
Where did you hear about Day Camps?	
Which school does your child attend?	
Please describe any medical conditions/dietary/behavioural needs:	

TRANSPORT: If using our transport, which route/number?

e.g. A/1:

Please note that children will be taking part in strenuous activities. If you have any doubts please consult your Doctor as these activities are undertaken entirely at your own risk. Whilst Day Camps is covered by appropriate Public Liability Insurance, we recommend that individuals are properly insured.

DATA PROTECTION

Please note that all information on this form will be kept on computer and solely used for administration purposes. You may request details of the information held about you at any time. Please let us know if you do not wish photos of your child to be used for Day Camps marketing



the adventure begins...

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FLEXICAMP

	Mon	Tues	Wed	Thurs	Fri		
Easter Camp A:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		@ £30 / £25 daily	£ <input type="text"/>
Easter Camp B:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ £30 / £25 daily	£ <input type="text"/>
May Half Term:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ £30 / £25 daily	£ <input type="text"/>
Summer Daily:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ £30 / £25 daily	£ <input type="text"/>

SUMMER

	A	B	C	D	E		
Summer Camp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ £120 per week	£ <input type="text"/>
Watersports Camp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ £170 per week	£ <input type="text"/>
Riding Camp:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ £170 per week	£ <input type="text"/>
Transport:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ £30 per week*	£ <input type="text"/>
Extended Day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	@ £30 per week*	£ <input type="text"/>

* Enter zero if booking made before 31st May 2009

I enclose a cheque payable to "Day Camps Ltd" £

OR

I authorised Day Camps to charge my debit/credit card * £

Type of Card: Visa* Visa Debit Mastercard* Maestro Delta

Name of Cardholder: Security Number:

Card Number: Issue Number:

* All credit card transactions will be subject to a booking fee of £5 Start Date: (month/year)
Expiry Date: (month/year)

DECLARATION

I confirm that I have carefully read the parents guide and fully accept the conditions of booking. I have provided Day Camps with all relevant information concerning my child's health and behaviour as might be required to provide appropriate care and/or medical treatment. I confirm that I can be reached at the telephone numbers listed above during my child's time on camp. I give the Site Coordinator or any delegated member of staff, permission to attend to my child's medical needs whilst at camp. In the case of an emergency I give authority for my child to receive hospital treatment as may be required.

Parent/Guardian Signature: Date: