**October Holiday Booking Form 2025**

Monday 20th October – Friday 31st October

**Returning your form**

Please email your completed form to

manager@ashfieldplaycarescheme.co.uk

**A place cannot be booked without payment!**

Payments can be made via Bank Transfer

**(except payment by vouchers)**

**Important**

Booking forms to be returned no later than

**Monday 13th October 2025**

enabling us enough time for planning and preparation

**Forms received after this date may not be accepted!**

**Every child needs a separate booking form, siblings require a booking form each.**

|  |  |
| --- | --- |
| **Childs Name:**  | **Date of Birth:**  |
| **Parent / Guardian / Carer** | **Emergency Contacts** |
| Name:  | (1) Name:  |
| Address: Post Code:  |      Relationship:  |
|       Tel:  |
| (2) Name:  |
| Mobile:  |      Relationship:  |
| Work Tel:  |      Tel:  |
| Email:  |  |
| **Medical Information** | **Adults Authorised to Collect Child** |
| GP Surgery Name & Address: |  |
|  |
| Tel:  |  |

|  |
| --- |
| **Please tick appropriate and give further details if answered yes:**A second form will need to be completed for medication/additional needs. |
|  | **YES** | **NO** | Further Details… |
| **Additional Needs** |  |  |  |
| **Prescribed Medication** |  |  |  |
| **Allergies** |  |  |  |
| **Preferences** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mon 20th Oct** | **Tues 21st Oct** | **Wed 22nd Oct** | **Thurs 23rd Oct** | **Fri 24th Oct** |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
|  |  |  |  |  |  |  |  |  |  |
| **Mon 27th Oct** | **Tues 28th Oct** | **Wed 29th Oct**  | **Thurs 30th Oct** | **Fri 31st Oct** |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
|  |  |  |  |  |  |  |  |  |  |

**COST OF CARE**

**Full Day Session (8.30 am – 5.30 pm) - £33.00**

**Half-Day Session (8.30am – 1.30pm) or 1.30pm – 5.30pm)** - **£17.50**

**PAYMENTS**

* Bank Transfer
* Government Tax Free Childcare
* Childcare Vouchers
* CCG Universities

**BANK TRANSFER DETAILS**

**Ashfield Playcare Scheme**

**Account Number: 42026393**

**Sort Code: 55-61-17**

**(Please use your child’s name as reference)**

**TERMS & CONDITIONS**

A child’s place will be withdrawn if we genuinely feel we cannot offer the type of care needed for the individual. We can only offer care to children booked into the scheme between the ages of 4 and 11 years.

Parent/Carers are required to sign the Scheme Consent form before their child(ren) can attend the Scheme.

**CHILDREN CANNOT BE ADMITTED BEFORE 8.30am AND MUST BE COLLECTED BY 5.30pm.**

There is a late collection charge in operation. If in an emergency this is not possible, you MUST telephone 01623 550986.

**COST OF CHILD CARE**: Full payment for the places booked in the holiday scheme must be sent at the time of booking or paid by childcare vouchers before the end of the holiday.

In the event of non-attendance on days which have been pre-booked the full amount of fees due will be charged and cannot be transferred to a future booking unless at least 1 weeks’ notice is given.

**Children should not bring toys from home -**

**We cannot accept responsibility for damage to children’s personal possessions bought into Scheme.**

**Please send your child with a packed lunch and lunch time drink!**

Refreshments will be provided mid-morning and mid-afternoon and water is freely available throughout the day.

**GIFT AID DECLARATION**

Are you a UK Taxpayer? If so every £1 you give could be worth £1.25 to us, towards improvements to Play Care Scheme.  All we need if your signature. It will cost you nothing. (A big thank you to those of you who have already signed a Gift Declaration. You will not need to sign again)

I confirm I have paid or will pay an amount of income Tax and/or Capital Gains Tax for each tax year (6 April-5 April) that is equal to the amount of tax that all the charities that I donate to will reclaim on my contributions for that tax year. I understand that other taxes, such as VAT, do not qualify and that I would like Ashfield Play Care Scheme to reclaim the 25p of tax on every contribution I make to the Scheme.

Signed …………………………………..……….. Date ………………………………………

**MEDICAL CONSENT:**

I give permission for a member of staff to administer urgent treatment, which may include treatment recommended by a doctor or dentist, and to proceed without delay for an acute condition or alleviation of pain.

I have read the terms and conditions and agree to abide by them.

Signed ……………………………………… Date ……………………………..