



Out of School Club

Booking Form (1 child per form)

Child Information

First Name	Surname
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Address

Address	
Postcode:	

D.O.B	Age	Boy/Girl	Religion
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Tel No.	E-mail
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Parent/Guardian Name

PRINT	SIGN	Relationship to child
PRINT	SIGN	Relationship to child

Password*	<i>*Please provide a password so that if anyone other than the person dropping them off . a password must be given before the child can be signed out.</i>
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To avoid disappointment ,places must be booked no less than 24 hours in advance
 Payment is non-refundable and non-transferable except in the event of a session cancelled by Ezeeplay due to circumstances beyond their control.

- Please tick box for dates required
- Method of payment ; Cash/Credit Card/Cheque *made payable to Ezeeplay Ltd*
- Rc { o gpv" o wuv"dg" o c fg" rtkqt"vq" rnc eg"eqpLt o cvkqp

Booking dates

MON 27TH OCT		TUES 28TH OCT		WED 29TH OCT		THUR 30TH OCT		FRI 31ST OCT	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Photographs

As part of our health & safety policy , a photo of your child will be taken and securely kept for Ezeeplay records. In addition to this, pictures may be taken during your child's stay with us that we may use for marketing purposes. Please tick relevant box.

- YES I am happy for photographs to be us for Ezeeplay marketing material
- NO I do not wish for my child to be photographed other than the registration photo



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Consent Form (1 child per form)

Emergency contact names and numbers

Name	Tel No
Name	Tel No
Name	Tel No

Surgery Address

Surgery Address

Special Needs Dietary and Medical

Rngcug" i kxg" fgvcknu" dgnq y" qh" cp { "kphqt o cvkqp" { qw" vj kpm" y qwnf" dg" dggpgLekcn" hqt" wu" vq" mpq y" cdqww" { qwt" e jknf" kpenwfkpi" urgekcn" pgg fu." cp { " fkgvct { " pgg fu" cpf" cp { " o g fkecn" eqpfkvpqu" qt" fckn { " o g fkecn" tgs wktg o gpvu0 C" upcem" y km" dg" r tqxf gf" o qtpkpi" cpf" chvtpqqp" fwtkpi" vj g { qwt" e jknfu" uvc { " cpf" c" nwpe j" y km" dg" r tqxf gf" o kf/ fc { " hqt" e jknftgp" uvc { kpi" cm" fc { 0" Nkswkf" tghtguj o gpv" y km" dg" o c fg" cxc knc dng" vj tqwi j qww" { qwt" e jknfu" uvc { 0

Special Needs Dietary and Medical

Outside Activities, First Aid & Emergency Treatment

G | ggg rnc { "Nvf" tgs wguv" rctgpvcn" eqpugpv" vq" kpxqnxg" { qwt" e jknf" kp" qwwkf g" cevkxkvgu" cpf" kh" tgs wktg f" vq" cf o kpkv/ vgt" o g fkecvkqp". Ltuv" ckf. " qdvckp" g o gti gpe { " vtgc v o gpv" cpf" kh" pgeguuct { " j qu rkvcnkucvkqp" 0

PRINT	SIGN
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Terms and Conditions , Policy and Procedures

- K" eqpLt o " vj cv" K" j cxg" tgc f" cpf" w pfgt uuvq f" vj g | ggg rnc { " dqqmkpi" r tqef wgtg" cpf" r qnkkgu" eqpvckpgf" kp" vj ku" ngc l gvl
- K" eqpLt o " vj cv" K" j cxg" dggp" kphqt o g f" cdqww" G | ggg rnc { " u" r qnkkgu" y j k e j" ecp" dg" nqecvg f" cv" tgegrvkqp" cpf" r tqfwegf" qp" tgs wguv0
- K" j cxg" eq o r ngvg f" kp" hwm" cm" rctvu" qh" vj g" dqqmkpi" cpf" eqpugpv" hqt o " vq" vj g" dguv" qh" o { " mpq y ngf i g0

PRINT	SIGN	Date
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Kh" ugpfkpi" vj ku" hqt o " d { " rquv" qt" g o ckn" rngcug" ecm" wu" vq" eqpLt o " cxc knc dknk v { " cpf" rc { o gpv" hggul" Rngcug" tgvwtp" vj ku" hqt o " k o o g fkcvgn { " ykvj" rtg" / eqpLt o g f" rc { o gpv" cpf" fcvgu" vq" vj g" c f ftguu" dngn y0