

KidsZone



Malmesbury Primary School, Newminster Road, Morden, SM4 6HG Tel: 07817 241463/ 07519 649926 Email: office@kidszoneoosc.co.uk

SUMMER HOLIDAY CLUB 2022 Themes: week 1 & 2 Down in Jungle Week 3 & 4 Up in the Mountains

Dear Parents/Carers,

The Summer holidays are coming up and we are pleased to be open for Holiday Club at our **Malmesbury Primary School** venue. As usual, our trips will be on a Wednesday. The cost of trips will be an extra £10 per child and a 9-6pm day will need to be booked. The details of the trips are yet to be confirmed.

Bookings need to be in by **04/07/22** to avoid the late booking charge. This is to ensure we can plan and prepare effectively and engage the right number of staff to maintain required ratios.

Please get your bookings in as soon as possible to secure your place and avoid disappointment.

We look forward to having your child/ren with us for a fun and exciting summer! Jacky and the KidsZone Team

PS Don't forget your child needs to bring a packed tea every day.

Breakfast (for Early Birds bookers), Lunch and all other snacks are provided.

<u>FEES</u> :	Early Birds 7.30-9am	Early Birds 8-9am	Half Day 9am-1pm or 2-6pm	<mark>≹ Day</mark> 9am - 3pm	All Day 9am-6pm
EARLY RATE (Paid by 04/07/22) Child 1	£ 6.00	£ 4.00	£ 14	£ 20.75	£ 25.00
Siblings (Paid by 04/07/22)	£ 5.00	£ 3.35	£ 14	£ 19.50	£ 22.25
LATE RATE (Paid after 04/07/22) Child 1	£ 7.00	£ 5.00	£ 17	£ 25.75	£ 30.00
Additional Siblings (Paid after 04/07/22)	£ 6.00	£ 4.35	£ 17	£ 24.75	£ 27.25
Trip	Full day Fee Plus Additional £10 per Child				

Child's Details	
Childs Name	Allergies/Dietary*
Address	Medication*
	Additional Needs*
	Parent Name
Postcode	Contact No.
Email Address	
School	Emergency Contact
	(2 nd person required)
DOB	Contact No.
Please can you give a password	to use when your child/children are collected.
PASSWORD:	
* Please add any additional info	rmation about your child that you feel we should know and may be helpful
in our care of him/her.	

Week 1	Early Bird		AM	PM	<u>3</u> 4	Full
	7.30 -9	8-9	9-1	2-6	9-3	9-6
Monday 25 th July						
Tuesday 26 th						
Wednesday 27 th						
Thursday 28 th						
Friday 29 th						

	Early	Bird	AM	PM	<u>3</u> 4	Full
Week 2	7.30 -9	8-9	9-1	2-6	9-3	9-6
Monday 1 st August						
Tuesday 2 nd						
Wednesday 3 rd						
Thursday 4 th						
Friday 5 th						

Closed W/C 8th & 15th

	Early	Bird	AM	PM	<u>3</u> 4	Full
Week 3	7.30 -9	8-9	9-1	2-6	9-3	9-6
Monday 22nd August						
Tuesday 23 rd						
Wednesday 24th						
Thursday 25th						
Friday 26th						

	Early	Bird	AM	PM	<u>3</u> 4	Full
Week 4	7.30 -9	8-9	9-1	2-6	9-3	9-6
Monday 29 th B/H - CLOSED						
Tuesday 30 th						
Wednesday 31 st						
Thursday 1 st Sept						
Friday 2 nd						

Total Paid: £	Signed :	Parent/Carer	Date :	
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I have made a payment to the bank for the deposit of ± 10 per day per child/full payment* (delete as applicable)

Bank Details Benhilton Kids Zone, A/c No. 01530739, Sort Code: 40-33-14, Bank: HSBC

Childs Name	

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby authorise the staff of the club to arrange for my child to have medical treatment.

CHANGING YOUR CHILD'S CLOTHES

In the event that my child gets mucky or has a mishap which requires them to need their clothing changed, I hereby authorise the staff of the club to assist my child, if required, including underwear.

PHOTO CONSENT

(We will not include contact details or names with an image.)

I understand that the club may take photographs of my child to help promote the club's services. This form is valid for five years from the date of signing. I permit the club to:

(Please tick as applicable.)

- Display the photographs on the club premises
- Display the photographs at publicity events off-site
- Use the photographs in any printed publications produced by club
- Circulate the photographs to local newspapers
- Display images on the club's Facebook Group page/ website

Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies.

I do not permit the club to display any photographs of my child

Signed:	
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Parent/Carer

Date: _

Booking Terms:

In order to ensure that staffing ratios are adequate for the number of children expected, to assist with the advance booking of trips and activities, and provide the best possible service for the care of your child/ren the following terms apply:

Booking a place

A place will only be considered reserved upon completion of a booking form and confirmation that a place is available. <u>Full payment</u>:

Is required **TWO WEEKS IN ADVANCE** of the holiday club week to which it relates. See booking form for cut-off date. <u>'On the Day' bookings</u> will be dealt with on a first come first served basis, subject to availability.

 $\ensuremath{\text{N.B.}}$ Refunds will only be considered in exceptional circumstances.

For office use only:		
Payment Received	Photo Consent Completed	Child Passport Completed, if required