



BOOKING FORM

CHILDS FULL NAME:

DATE OF BIRTH:

PREFERRED NAME:

AGE ON CAMP:

MALE / FEMALE

PARENT / CARER FULL NAME:

CONTACT NUMBERS:

ADDRESS:

POST CODE:

EMAIL:

PLEASE TELL US OF ANYBODY ELSE WHO CAN PICK UP YOUR CHILD FROM CAMP

NAME:

NUMBER:

NAME:

NUMBER:

I consent to the above child in taking part in the activities of CAYDA Day Camps under the supervision of Day Camps staff. I confirm that I have provided all necessary information regarding my child's health and behavioural needs and give permission to the Day Camps Co-Ordinator or any delegated member of staff to attend to my child's medical needs. In the case of an emergency I give authority for my child to receive medical treatment as may be required. I confirm that I will be contactable on the telephone numbers given.

PARENT / GUARDIAN SIGNATURE:

DATE:

EASTER BOOKINGS:

PLEASE ENTER THE NAME OF A SIBLING IF SIBLING DISCOUNT IS BEING CLAIMED:

	Week Commencing 11th April	Week Commencing 11th April	Week Commencing 11th April	Week Commencing 18th April	Week Commencing 18th April	Week Commencing 18th April
	Standard Day 9.30am - 4.30pm	Early Drop Off 8.30am - 9.30am	Late pick up 4.30pm - 5.30pm	Standard Day 9.30am - 4.30pm	Early Drop Off 8.30am - 9.30am	Late pick up 4.30pm - 5.30pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

PLEASE MAKE CHEQUES PAYABLE TO "CHILD AND YOUTH DEVELOPMENT ACTIVITIES LTD."

PLEASE DESCRIBE ANY MEDICAL CONDITIONS / DIETARY / BEHAVIOURAL NEEDS:

A FEW QUESTIONS TO HELP US PLEASE

WHERE DID YOU HEAR ABOUT DAY CAMPS?:

WHICH SCHOOL DOES YOUR CHILD ATTEND?:

PLEASE SEND YOUR BOOKING FORM TO: CHILD AND YOUTH DEVELOPMENT ACTIVITIES; 7 CHURCH CLOSE, WEST DRAYTON, MIDDLESEX, UB7 7PY

**MANY THANKS FROM EVERYONE AT
DAY CAMPS!!!!**