

DECLARATION AND CONTACT INFORMATION

1. Details

From: Date:..... To Date:.....

I agree to:.....(Name) taking part in the activities.

I agree to:..... 's participation in the activities described. I acknowledge the need

for.....to behave responsibly.

2. Medical/cultural information about the child.

a) Any medical condition or recurring complaint we should be aware of, including any medication? e.g. Travel sickness, Asthma, Migraine, Allergies. YES/NO

If Yes, please give details on a separate sheet.

b) Please outline any special dietary requirements of your child on a separate sheet.

c) When did your son/daughter last have a tetanus injection?

d) Emergency permission.

I give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present whilst in the care of Arnold Lodge Holiday Activities.

Signed..... Parent /Guardian Date.....

3. Contact Telephone numbers.

Work:..... Home:.....

Home Address:.....

Alternative emergency numbers.

Work:..... Home:.....

Address:.....

I will inform the Group leader/ Headmaster as soon as possible of any changes in the medical or other circumstances between now and the commencement of the activities.

Signed:..... Date:.....

Full Name (Block Capitals).....

BOOKING CONDITIONS

Your Responsibility

It is the responsibility of the parent/guardian to advise us when booking of any disabilities/illnesses/social or behavioural problems that a child has, or has recently experienced, which might affect the child or other children attending.

The children are expected to have regard for their own and others' safety and well-being, and respect their own and other people's property.

To inform Newman Schools Limited in writing if you do not wish your child to be photographed or filmed for marketing purposes.

Our Responsibility

The Headmaster and staff will do all that they can to make each child's experience as safe and enjoyable as possible. If your child has a problem please discuss it with their group leader initially.

We do not tolerate bullying or prejudice and fully reserve the right to exclude any child if their behaviour is incompatible with the enjoyment and well-being of others.

**ARNOLD LODGE SCHOOL
FEBRUARY HALF TERM HOLIDAY ACTIVITIES**

OPEN TO AGES 3 TO 13

**MONDAY 13TH FEBRUARY –
FRIDAY 17TH FEBRUARY 2012**



**OFSTED APPROVED
CHILD CARE VOUCHERS ACCEPTED**

**Tel: 01926 778050
info@arnoldlodge.com www.arnoldlodge.com**

On receipt of the booking a confirmation will be sent out. All fees should be paid before the child commences.

All cheques should be made payable to:

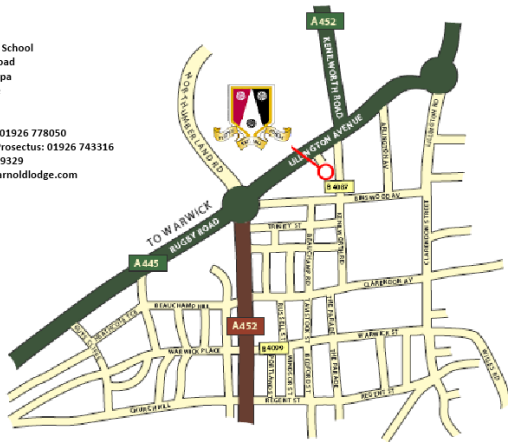
**Newman Schools Limited
Please send booking form to:
Holiday Activities Booking
Arnold Lodge School
Kenilworth Road
Leamington Spa
Warwickshire
CV32 5TW**

**ARNOLD LODGE SCHOOL FEBRUARY HALF TERM HOLIDAY ACTIVITIES
OPEN TO AGES 3 TO 13**

Monday 13th February- Friday 17th February:
**Holiday club is open 8.00am—6.00pm daily, with a
 cost of £30 per child per day, or £32 per child per
 day with the addition of breakfast club.**

Arnold Lodge School
 Kenilworth Road
 Leamington Spa
 Warwickshire
 CV32 5TW

 General Enq: 01926 778050
 Admissions/Prospectus: 01926 743316
 Fax: 01926 459329
 Email: info@arnoldlodge.com



Please tick the relevant boxes for the dates you wish your child to attend, and indicate by initial if there is more than one child.

Monday 13th February		
Tuesday 14th February		
Wednesday 15th February		
Thursday 16th February		
Friday 17th February		

Please reserve a place for:

Children/s Name/s:

Child 1. _____ **Age** _____

Child 2. _____ **Age** _____

Payment: *(please tick chosen payment method)*

1. Cheque ___ Amount ___

2. Childcare Vouchers ___ Amount ___

Signed: _____

(Parent/Guardian)

Date: _____

Name: _____

Address: _____

PLEASE DO NOT SEND CASH

**Please send your child with a packed lunch, suitable
 snacks and drinks (not fizzy) each day.**