



Sunninghill
PREP SCHOOL DORCHESTER

South Court
South Walks
Dorchester
Dorset
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www.sunninghillprep.co.uk

Dear Parents

Re: October half term Holiday Club

We are pleased to be able to offer our Holiday Club for a week this coming holiday. This will be open to children aged 3-13 as well as being open to children from other schools. Please refer to the booking form to check the days that we are opening.

You can choose between a full day (£35.00 per day) from 8.15am–5.30pm, or half a day (£20.00) from either 8.15-1.30 or 1.00-5.30.

Children must not be dropped off any earlier than 8.15 as there will not be any supervision before that time. We ask that children attending half days are dropped off/collected between 1pm-1.30pm.

Please provide your child/children with their own packed lunch. Healthy snacks and water or fruit squash will be included. We also offer a 'tuck shop', where children can bring 50p for a bag of 'pick n mix' sweets.

I have attached a Holiday Club booking form. **To reserve your place/s please return your completed form, with full payment to the school by Friday 12th October 2018.** Booking a place by this date allows me to plan activities and trips that are most suitable for the group of children at holiday club on a particular day and ensures the best possible experience for your child.

Reservations will be on a first come first served basis. Activities will be weather dependent and subject to change. Where possible, parents will be informed in advance of any changes to activities.

Please ensure your child is dressed appropriately for the weather conditions, with a coat, welly boots, sun hat and sun cream, as well as appropriate footwear for any excursions. A clean, spare pair of shoes are also required, in the possibility that we may use the astro turf pitch. These do not necessarily have to be 'astros'.

If you have any queries please contact me using the email above.

Kind regards

Sophie Blair

October half term Holiday Club Booking Form 2018

Monday 22nd October- Friday 26th October

Name of child:

Age of Child:

Parent Name:

Preferred Contact number:

Email:

Please indicate which days you would like your child to attend. Please return to Sophie Blair or to the Bursar's office by Friday 12th October.

Monday 22 nd October	Tuesday 23 rd October	Wednesday 24 th October	Thursday 25 th October	Friday 26 th October
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Signature.....

I enclose a cheque for £..... made payable to '**Sunninghill Enterprises Ltd**'.

Payment can also be made by bank transfer by using the following details:

(Please use child's name as the reference)

Sort Code: 20-26-62 Account No: 63571203

Please note that payment in full must be made in advance and at the time of booking.

Holiday Club Terms and Conditions

I/We HEREBY DECLARE individually and jointly that:

- 1 **Terms and Conditions:** I/we have read and understood and I/we agree to the School's Terms and Conditions listed below. I/we have retained a copy of the Terms and Conditions for our records.
- 2 **Disabilities, Special Educational Needs & Learning Difficulties:** I/we have provided details of any disability, special educational need or learning difficulty (for example, dyslexia, dyspraxia, attention deficit disorder, visual or hearing impairment or any condition requiring the use of a wheelchair) of my child in the attached form
- 3 **Medical Matters:** I/we attach in confidence all relevant information about any medical condition, health problem, dietary requirement or allergy which affects our child and/or which may prevent our child from taking full part in the Holiday Club's activities and excursions.
- 4 **Confirmation of Declarations:** I/we confirm that the declarations made on this Form are true and that I/we have disclosed all information required in the declaration. I/we understand and agree that the School has the right to terminate this agreement if any declaration is found to be untrue.
- 5 **Late Collection/Start time:** I/we understand that if we fail to collect our child by 5.30pm a discretionary late collection penalty of £10 will be chargeable for the first 15 minutes after 5.30pm. Increasing to £15 per child for every 15 minutes after 5.45pm. This amount will be billed to you separately. I/we understand that Sunninghill Prep School cannot accept any responsibility for safety of our child before 8.15am drop off and would be unsupervised.
- 6 **Cancellation:** I/we understand that all bookings are subject to 24hrs notice of cancellation. Failure to cancel 24hrs prior to the booking will incur the full charge.
- 7 **Transport:** I/we consent to my/our child taking part in activities and visits which do not involve an overnight stay or travel abroad and I/we consent to my/our child being carried by public transport or school transport driven in a responsible manner by an adult who is suitably qualified and insured.

- 8 **Contact Information:** I/we have provided two contact numbers for the Holiday Club to use in the event we need to be contacted. We understand that in the event of an emergency all possible effort will be made to contact us as soon as possible.
- 9 **Swimming:**I/we give permission for my/our child to swim during holiday club if I/we have been given prior notification of the activity.
- 10 **Photos:** I/we give permission for my/our child to be photographed for sole use by the school for marketing purposes.
- 11 **Suncream:** I/we give permission for holiday club staff to apply sun cream to my/our child if they are unable to do so themselves. I/we understand that I/we must supply our own sun cream. If the staff consider my/our child to not be adequately protected from the sun, they may be restricted from outdoor activities.

The School reserves the right to refuse or withdraw places in the Holiday Club if a child's behaviour is deemed unacceptable by the Holiday Club Supervisor.

Holiday Club mobile number: 07708 917494

Name.....

Child(ren)'s name.....

Signed.....

Date.....

Medical Declaration

Has your child ever had any of the following?

Asthma		Heart Condition	
Diabetes		Fits/Blackouts	
Fainting		Severe Headaches	
Migraine		Travel sickness	

If yes to any of the above please list medication and dosage

Inhaler	
Epi Pen	
Insulin	
Travel Sickness Tablets	
Other	

Does your child have any known allergies?

Yes No

If yes please

specify.....

.....

Does your child have visual/hearing problems?

Yes No

If yes please

specify.....

Does your child have mobility problems?

Yes No

If yes please specify.....

.....

Does your child have any special educational needs/learning difficulties?

Yes No

If yes please

specify.....

.....

Does your child have any special dietary requirements or food allergies?

Yes No

If yes please detail below:

I/we confirm that the above information is correct and that I/we will provide any necessary medication for our child with appropriate instructions.

I/we consent/do not consent to our child being given paracetamol preparations (e.g. Calpol) by a qualified member of staff, should it be deemed advisable to do so.

In the event staff are unable to contact us, I/we consent/do not consent to staff giving First Aid/Authorising Emergency medical treatment.

Signed.....

Date.....

Emergency Contacts:

Contact 1.....

Number.....

Contact 2.....

Number.....