

Booking Form

Must be completed by parent or guardian (BLOCK CAPITALS PLEASE).

Please fill in all sections of this form and use a separate form for each child.

We can accept photocopies.

Child Details

Name:

Address:

Postcode:

Home tel:

Day time tel:

2nd Emergency contact name*:

2nd Emergency tel number:

*This should be the person we can contact in case we cannot reach you.

Doctor's name:

Doctor's tel:

Sex:

Date of birth:

Age on camp:

Please note: Child must be aged 5 or over on the date she/he attends camp.

Parents Details

This should be a daytime address.

Immunisation

Yes

Date/details

Triple, DPT, Diphtheria:

Pertussis (Whooping Cough):

Tetanus:

Polio:

MMR:
(Measles, Mumps, Rubella)

HIB:

Other: e.g. BCG,
Meningococcal C

Swimming ability (please tick)

Cannot Swim:

Fair:

Good:

Excellent:

Please note:

The children will be taking part in strenuous activities. If you have any doubts, please consult your doctor as these activities are undertaken entirely at your own risk.

Please tell us about any medical conditions or behavioural difficulties that your child has or any additional information or needs (perhaps relating to your culture):

Ethnicity

It is necessary for us to collect the following information for statistical and recorded purposes, since from time to time such information is required by the local authority or organisations from which we receive funds. If you prefer not to complete this section your application will not be affected in any way.

I would describe my child as being of the following ethnic origin (please specify):

SUMMER

Days Booked (please tick)

Week	Mon	Tues	Wed	Thurs	Fri
1	27th: <input type="checkbox"/>	28th: <input type="checkbox"/>	29th: <input type="checkbox"/>	30th: <input type="checkbox"/>	31st: <input type="checkbox"/>
2	3rd: <input type="checkbox"/>	4th: <input type="checkbox"/>	5th: <input type="checkbox"/>	6th: <input type="checkbox"/>	7th: <input type="checkbox"/>
3	10th: <input type="checkbox"/>	11th: <input type="checkbox"/>	12th: <input type="checkbox"/>	13th: <input type="checkbox"/>	14th: <input type="checkbox"/>
4	17th: <input type="checkbox"/>	18th: <input type="checkbox"/>	19th: <input type="checkbox"/>	20th: <input type="checkbox"/>	21st: <input type="checkbox"/>

Number of days booked **Cost per day Total**

<input type="text"/>	5 – 10's £34.95 11 – 15's £39.95	<input type="text"/>	Please tick if you are NOT using YMCA transport: <input type="checkbox"/>
		Names of any special friends you would like to be with:	

Total £

How did you hear about YMCA Day Camps? (please tick)

Library: <input type="checkbox"/>	Friends: <input type="checkbox"/>
After School Club: <input type="checkbox"/>	Promotional Activity: <input type="checkbox"/>
School: <input type="checkbox"/>	Other: <input type="checkbox"/>

WHERE DO I SEND MY FORM?

Please send the form and any other correspondence to:

Forest YMCA Day Camps
642 Forest Road
Walthamstow
London E17 3EF

For more information please call the Day Camps Head Office on:
020 8509 4636



Payment Details

I enclose a cheque made payable to 'Forest YMCA': Instalments:

Childcare Voucher: Gift Voucher:

Please charge my Card Number:
 Visa/Mastercard Switch/Delta:

Expiry Date: Issue Number:

Start Date:

Cardholders Name (Printed):

Cardholders Signature:

Declaration

I declare that I have read and accept the conditions of booking. I have provided the YMCA with all the required information concerning my child's health/behaviour as might be required to provide such care and medical treatment. I understand that my child may have their face painted and have informed staff of any allergies relating to such activities. I confirm that I can be reached at the telephone numbers listed during my child's time on camp and give permission for YMCA Day Camps staff to attend to all matters relating to my child's health whilst at camp. I also fully authorise that, in case of an emergency, the staff will arrange for my child to receive hospital treatment and inform me of the outcome.

I agree that any pictures taken of my child maybe used by Forest YMCA for future publicity material.

Signature:

Date:

We would like to send you more information about Forest YMCA Family and Childcare services. If you do not wish to be updated please tick this box:

We would like to send you more information about Forest YMCA services. If you do not wish to be updated please tick this box:

Data Protection Act:

Please note that the information on this form will be used solely for **Forest YMCA** Day Camps' purposes.