

Must be completed in addition to Registration Form.  
If you have used the playscheme before, please let us know of any changes.

## BOOKING FORM FOR EASTER 2016 HOLIDAY PLAYScheme

Name of Child: \_\_\_\_\_ Age of Child: \_\_\_\_\_

Name of Parent / Carer: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

**Please tick the days you would like to request a space for your child and return Booking Form to the provider of that scheme.**

	<b>Fosse Way</b> 3 – 19 yrs 10am -4pm	<b>BOP</b> 3- 5 yrs 9am – 3pm	<b>BAPP</b> Three Ways 9am – 3pm 5 – 19yrs	<b>KIDS</b> Wellsway 9.30am-3.30pm 5 – 19 yrs	<b>BAPP Hut</b> 10am – 3pm 5 – 12 yrs
<b>Tuesday 29<sup>th</sup> March</b>					
<b>Wednesday 30<sup>th</sup> March</b>					
<b>Thursday 31<sup>st</sup> April</b>					
<b>Friday 1<sup>st</sup> April</b>					
<b>Monday 4<sup>th</sup> April</b>					
<b>Tuesday 5<sup>th</sup> April</b>					
<b>Wednesday 6<sup>th</sup> April</b>					
<b>Thursday 7<sup>th</sup> April</b>					
<b>Friday 8<sup>th</sup> April</b>					

**Closing Date is Monday 1<sup>st</sup> March 2016**

Return Booking forms for BOP and BAPP to BAPP, FREEPOST RSEH=ETJC-JUZG Odd Down Community Centre, Odins Road, Bath BA2 2TL or email to [caroline@bapp.org.uk](mailto:caroline@bapp.org.uk)

Return Booking forms for Fosse Way to: Hannah Jacobs Fosse Way School, Longfellow Road Radstock, BA3 3AL or email [hjacob@fossewayschool.com](mailto:hjacobs@fossewayschool.com)

Return Booking Forms for KIDS to: Jaoa Cunha, Acorn House, Kingswood Foundation, Britannia Road, Kingswood, Bristol BS15 8DB or email [Jaoa.cuhna@kids.org.uk](mailto:Jaoa.cuhna@kids.org.uk)

### Your consent

I give permission for my child/ren \_\_\_\_\_ (name/s) to attend the holiday playscheme and to participate in all play and activities available including soft play, bikes and visiting local parks. I understand that separate consent forms will be sent out for specific activities. I further consent to any emergency treatment to be carried out in case of accident and that my child is the responsibility of playscheme staff. I consent to play providers sharing information. I understand that they cannot accept responsibility for children's possessions or valuables. Photographic consent is also given.

Name of Parent/ Carer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_