**LUNCH CLUB BOOKING FORM – Morgans Playgroup**

Lunch Club runs Monday to Friday 11.35am to 12.35pm.

Lunch Club sessions are booked termly and payable in advance via BACS (details below)

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of sessions (credits) required:

5 [ ]  (Total cost: £24) 20 [ ]  (Total cost: £96)

10 [ ]  (Total cost: £48) 25 [ ]  (Total cost: £120)

15 [ ]  (Total cost: £72) 30 [ ]  (Total cost: £144)

Other amount: \_\_\_\_\_\_\_\_

(Each session costs £6. For every 4 purchased you will receive 1 free, so please order in multiples of 5 to take advantage of this offer.)

I would like my child to attend regularly on the following day/s:

Mondays [ ]

Tuesdays [ ]

Wednesdays [ ]

Thursdays [ ]

Fridays [ ]

I understand that any additional sessions to the above need to be booked at least a week in advance to guarantee acceptance. Requests made during the week will be accepted subject to availability. Requests made on the day will not be accepted. Any credits remaining at the end of a term can be carried forward to the following term, but are non-refundable once your child leaves playgroup in accordance with our terms.

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name: Morgans Playgroup

Sort Code: 40-24-13 Account Number: 01613669

Please use the child’s name as the reference

**LUNCH CLUB PARENTAL CONSENT FORM**

**Morgans Playgroup**

|  |  |
| --- | --- |
| **Child’s Details** |  |
| Name: |  |
| Date of Birth: |  |
| Address: |  |
| Medical information/known allergies: |  |
| Anything else we should know: |  |
| GP’s Name: |  |
| GP’s Surgery: |  |
| GP’s Phone Number: |  |
| **Parents’/Carers’ Details** |  |
| Names: |  |
| Address (if different from child’s): |  |
| Contact Numbers: |  |
| Email Address (for booking confirmation): |  |
| **Alternative Contact’s Details** |  |
| Name: |  |
| Contact Number: |  |
| **Parent/Carer/Alternative Contact Password:** |  |

|  |  |
| --- | --- |
| **Medical Consent** | I consent to Morgans Playgroup Lunch Club seeking any emergency medical advice or treatment necessary while my child is at Lunch Club, to Lunch Club staff accompanying my child to hospital in the event of an accident, and to the use of plasters.Child’s name: ………………………………………………Parent/Carer signature: ………………………………….  |