

# MANIC MONSTERS SUMMER HOLIDAY CLUB

## AT MONTY'S DAYCARE



**WEDNESDAY'S & THURSDAY'S THROUGHOUT THE SUMMER  
HOLIDAY**

We have exciting activities for school children aged between **5yrs & 12yrs**. We have fully qualified staff to care for your children. Included in the day camp, the children will have access to Manic Monsters play equipment for a minimum of 1 hour in the morning and afternoon, and full use of the garden. We have a lovely outside space with a vegetable and flower garden, a hard surface for ball games, a small outside play frame and a large sandpit.

We also have a crèche facility for children **less than 5 years** who can join our regular nursery children. For these rates, please enquire at Montys Day Care. Crèche facility is subject to availability, we will only accept one first time attendee child per session to ensure their wellbeing is sustained.

Please ensure you provide suitable clothing and footwear for outside activities including a waterproof coat. If children do not have the correct attire, they may not be able to enjoy all the activities.

Each day has a half-day option; we have the option of early drop off (breakfast club) and a late pick-up time at an extra charge. If you require these options, please tick the box on each day required.

**Two weeks'** notice of your required sessions must be given before the session; sessions are subject to availability.

If we do not receive a minimum of 4 school children for each session of the holiday club, we reserve the right to cancel and will give One weeks' notice.

Payments must be received 1 week prior to the first session to guarantee a place. Confirmation of a place will be provided on receipt of the booking.

If you have any queries, please contact us on **01732 864629**. [office@montysdaycare.co.uk](mailto:office@montysdaycare.co.uk)

## Registration Details

### Childs Details:

First Name(s):		Surname:	
Date of Birth :		Age:	-----Years ----- Month
Gender		Religion:	
First Language:		Nationality:	
Address:			

### Details of Doctor:

Doctors Full Name:	
Surgery Address:	
Surgery Phone number:	

### Details of Parents/Guardians:

Parent/Guardian 1		Parent/ Guardian 2	
Relationship to Child		Relationship to Child	
Full Name		Full Name	
Home Address		Home Address	
Home Phone Number		Home Phone Number	
Mobile Phone Number		Mobile Phone Number	
Work Place Number		Work Place Number	
Email Address:		Email Address:	

### Emergency Contact Details:

These people will also be noted as authorised to pick up your child from the nursery if you require or in an emergency and we cannot get in touch with you.

Emergency Contact 1		Emergency Contact 2	
Relationship to Child		Relationship to Child	
Full Name		Full Name	
Home Address		Home Address	
Home Phone Number		Home Phone Number	
Mobile Phone Number		Mobile Phone Number	
Work Place Number		Work Place Number	
Email Address:		Email Address:	

**Passwords & Photos:** Please provide a photo of your emergency contact and password that only your emergency contact and we will know. The emergency contacts will be required to present us with the password if they are required to collect your child. We must have prior notification of who will be collecting your child if it is not yourself. No child will be able to leave the premises with anyone that is not on the authorised list and we are given prior notification.

Password:.....

Photo's enclosed for Emergency contact 1: Yes/No

Photo's enclosed for Emergency contact 2: Yes/No

**Additional Information**

Any special requests including religion, food, health, allergies or other matters that we should observe while your child is in our care.

If none, please state "None".

**Consent:**

I consent that in the case of an emergency, my child should be taken to the hospital, in the care of staff, and there any treatment may be deemed necessary by the medical staff, for the health of my child be carried out.

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

Signed:.....Parent/Guardian

Date:.....

For Office use only

Booking Fee Paid:              Yes/No                      Date Paid :.....

Method of Payment:              Cash.....                      Cheque.....                      Card.....

Confirmation letter sent:      Yes/No                      Date Sent:.....

Staff Name:.....                      Date:.....

Please tick each day and session you require on the following itinerary and total the sessions in the table below. Payments must be received 1 week prior to the first session to guarantee a place. Confirmation of a place will be provided on receipt of the booking.

**Sessions required:** (Please tick as appropriate)

	Full day	Morning	Afternoon	Early bird	Late collection
Wednesday 27 <sup>th</sup> July					
Thursday 28 <sup>th</sup> July					
Wednesday 3 <sup>rd</sup> August					
Thursday 4 <sup>th</sup> August					
Wednesday 10 <sup>th</sup> August					
Thursday 11 <sup>th</sup> August					
Wednesday 18 <sup>th</sup> August					
Thursday 19 <sup>th</sup> August					
Wednesday 25 <sup>th</sup> August					
Thursday 26 <sup>th</sup> August					
Wednesday 31 <sup>st</sup> August					
Thursday 1 <sup>st</sup> September					
If you are interested in additional days other than the Wednesday and Thursday, please advise us below. Please be reminded, this is only subject to high demand.					
Monday *Excluding Bank Holiday	Tuesday		Friday		
Additional Information:					

## Rates

Session	Time	Meals	Price £	No of days	Total £
Full Day	9am-5pm	Lunch	21.00		
Half Day Morning	9am-1pm	Lunch	14.00		
Half Day Afternoon	1pm-5pm		12.00		
Early Morning	8am-9am	Breakfast	4.50		
Late Pick-up	5pm-6pm	Tea	4.00		
<b>Excursions supplement</b>					
Tennis			2.50		
Golf			2.50		
<b>Total Cost</b>					£