

The HABS Family Support



www.habsfamily.co.uk

BOOKING AND CONSENT FORM FOR HABS SPRING HALF TERM ACTIVITIES

WORMLEY PRIMARY SCHOOL, COZENS LANE EAST, WORMLEY, BROXBOURNE, HERTS EN10 6QA
For Information please call HABS Family Support Team on 01992 303331 opt 5 or email habsadmin@wormleyprimary.co.uk

All sessions are £16.95 per day



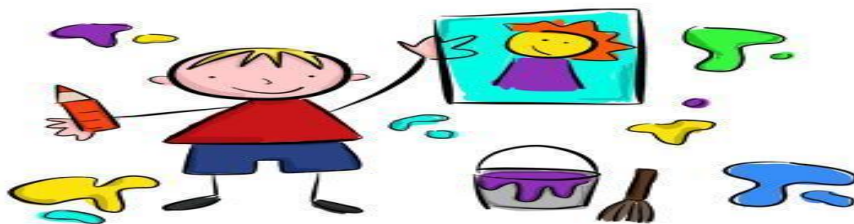
Activities below are at Wormley Primary School

Mon 17th Feb	Arts and Crafts	
Tues 18th Feb	Arts and Crafts	
Weds 19th Feb	Sports	
Thurs 20th Feb	Cooking	
Fri 21st Feb	Out in Woods	

Sessions run from 9am - 3:30 each day. Your child will need to bring a packed lunch and a drink.

Total Days:

Total Cost:



Please tick : Cheque: Cash: BACS:	Cheques to be made payable to "The HABS Family Support Team" or exact cash amount. Please put in an envelope addressed to HABS Activities, Karen Lawrence. Please hand into reception at Wormley Primary School or send by post (address above to Wormley Primary School at your risk).
Funded by: Child Care Voucher/ PP/WTBL	Please call for BACS details or to check if we have a voucher account.

Please call HABS Family Support Team on **01992 303331 opt 5** or email
habsadmin@wormleyprimary.co.uk for availability on activities
 To check availability and timings of sessions.

**PLACE(S) CANNOT BE BOOKED/CONFIRMED UNTIL PAYMENT IS RECEIVED
 AND WILL BE ON A FIRST COME FIRST SERVE BASIS.**

Child's Name: _____ School: _____

Age: _____

Medical/Dietary/Special needs/disability requirements: _____

Emergency contact number _____ Additional number: _____

Parent/Carer Name: _____

Email address: _____

Declaration: I agree to my child taking part in the above mentioned courses and to their participation in the activities to be undertaken during the day. I support the need for obedience and responsible behaviour on their part. To the best of my knowledge, my child is not suffering from any medical conditions that makes them unfit to participate in this course. I agree to my child receiving medical treatment as considered necessary by the medical authorities present. I confirm that I have parental responsibility for the above named student. Consent for child's photo to be taken for promotional purposes: YES/NO

I have read and agree with the declaration Signature: _____ Date

