

Crèche Booking Form

Date of event:

Time Slot	4-5pm	5-6pm	6-7.30pm
Please tick the box of the time slot(s) you have booked online. If you have booked more than one child please state the number of children booked alongside your tick i.e. for 3 children ✓3			

1. Child's name:		Child's DOB	
Medical conditions/allergies			
Dietary requirements			
2. Child's name:		Child's DOB	
Medical conditions/allergies			
Dietary requirements			
3. Child's name:		Child's DOB	
Medical conditions/allergies			
Dietary requirements			

During the session my emergency contact telephone number(s) will be:	
1.	2.

I confirm that I will remain on site while my children are booked into the crèche, and that I understand that this crèche is being run and managed by USH using staff from the local childcare provider, Freedom Childcare. The session can take a maximum of 9 children at any one time and places are being offered on a first come basis; this is for Infant and Junior school aged children only.

Parent Name		Signature	
Dated			

PLEASE COMPLETE AND RETURN THIS FORM TO MRS P ALLEN VIA THE GENERAL OFFICE ONCE YOUR BOOKING HAS BEEN MADE ONLINE. THE FORM NEEDS TO BE COMPLETED PRIOR TO ANY CHILDREN ENTERING THE CRECHE FACILITY.