



MERCHANT
TAYLORS'
SCHOOLS

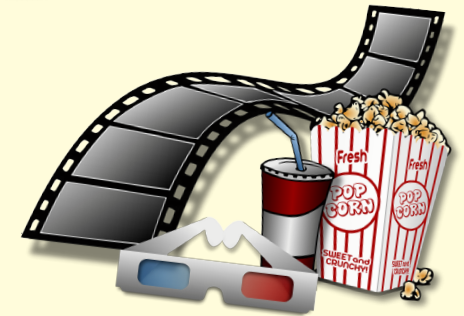
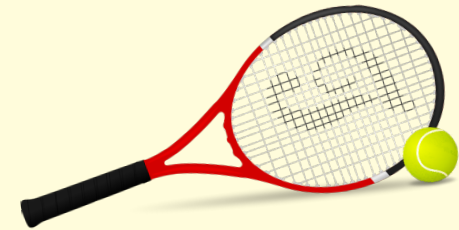
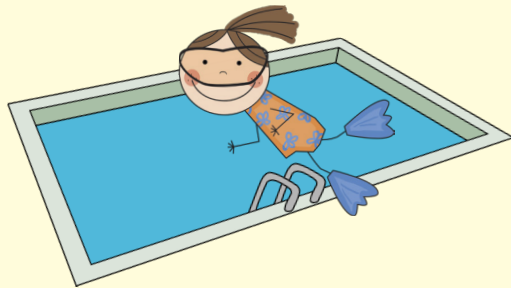
For Boys and Girls
aged 4 to 18 years

Save the Dates

4 to 11

May Half Term Holiday Club 2018

Tuesday 29th May - Friday 1st June
8:00am - 6:00pm



May Half Term Activities Club

Tuesday 29th May - Friday 1st June

8:00am - 6:00pm

I should like my child to attend the following sessions (please tick box/boxes required):

Tuesday 29th May

Wednesday 30th May

Thursday 31st May

Friday 1st June

I enclose a cheque for £_____.

Pupils will require a packed lunch, snacks and drinks daily.

Activities - £25 per day or £90 for 4 days.

Early booking discount - £85 for 4 days if you book by Friday 18th May.

(Please make cheques payable to Merchant Taylors' Schools. If you wish to pay using childcare vouchers, please telephone Mrs J Barnes on 0151 949 9356)

Terms and Conditions

- Full payment must be made at the time of booking.
- A surcharge of £10 may be incurred if your child is not collected by 6pm.
- Merchant Taylors' School reserves the right to refuse any child who is demonstrating unacceptable behaviour.
- Merchant Taylors' cannot accept responsibility for any personal loss sustained by participants
- We do not send out confirmation slips. Once booking form and payment are received your son/daughter is automatically confirmed a place.
- If you wish to cancel a booking with the 4 to 11 Holiday Club less than 7 days before the start of the booking, there will be no refund.



Child's name _____ Form _____

Declaration:

- I consent to emergency first aid being administered and agree that the emergency services may be called if required
- I consent for my child being photographed for marketing and promotional purposes only
- I/We accept the conditions of the Holiday Club and agree/disagree to my son/daughter participating in a trip to the Plaza Cinema.
- I/We agree/disagree to my son/daughter participating in the trip to the local park in Crosby
- **SWIMMING** - My son/daughter is a:
Non-swimmer and requires swimming aids Intermediate
Beginner Advanced

Please advise us of any relevant medical conditions or medicines regularly taken, including any dietary needs or known food allergies:

Emergency contact numbers:

PLEASE RETURN THIS FORM TO THE SCHOOL SECRETARY

(Mrs Hodson MTJBS or Mrs McKie-Thomson MTPS)

Signed _____ (parent/guardian)

Print Name _____ Date: _____