MERCHANT TAYLORS' SCHOOLS
For Boys and Girls
aged 4 to 18 years

May Half Term

Holiday
4 *to* 11 **CLUB**
year olds

Tuesday 28th – Friday 31st May

TERMS & 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.

www.merchanttaylors.com

8am - 6pm

cinema

Arts

SPORTS

plus much more!!! see inside

PROGRAMME OF ACTIVITIES

Tuesday 28th - Friday 31st May

Tuesday

Team Building

Activities

Wednesday

Outdoor

Adventures

Thursday

Outdoor
Art Workshop
& Visit To
Local Park

Friday

Cinema Trip

MERCHANT
TAYLORS'
SCHOOLS

For Boys and Girls
aged 4 to 18 years

I should like my child to attend the following sessions

Tuesday 28th May ☐

Wednesday 29th May ☐

Thursday 30th May ☐

Friday 31st May ☐

(please tick **ALL** boxes required):

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 before Friday 17th May.

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

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 ☐

PLEASE RETURN THIS FORM TO THE SCHOOL SECRETARY (Mrs Hodson MTJBS or Mrs McKie-Thomson MTPS)

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

_____

_____

Emergency contact numbers:

_____

Signed _____ (parent/guardian)

Print Name _____ Date: _____