



**T H E
GLASGOW ACADEMY**

Name Contact Telephone Number
Address
..... e-mail Address
.....

Name of Child/Children..... Class
..... Class

February Week Holiday Club 2012

Full Day Bookings at £29.25 per day Half Day bookings at £15.15 per day
Please state am or pm

Monday 13 th February	Tuesday 14 th February	Wednesday 15 th February	Thursday 16 th February	Friday 17 th February

All full day trips will be clearly marked on the programme: there will be no half day bookings available on these dates. On completing this form it is accepted you are giving permission for your child to participate in the day's planned activity. If this is not the case please inform us in writing when booking.

Trip days will be limited numbers due to transport restrictions



**THE
GLASGOW ACADEMY**

Cool Kids' Club Permission Form

Name of Child/Children Class
.....Class

Please complete this form and return it to the school with all booking forms.

I hereby give permission for my child/children to go on local walks and/or use local public and school transport. YES/NO

I hereby give permission for my child/children to have a high quality, high factor sun cream applied if necessary. YES/NO

If your child has sensitive skin or allergies please supply your own sun cream.

I hereby give permission for my child/children to have photographs taken while attending the Cool Kids' Club. YES/NO

I hereby give permission for a medical plaster to be administered if my child/children's skin is broken in an accident. YES/NO

I hereby give permission for my child/children to have a snack and lunch during their stay at Cool Kids' Club . YES/NO

I hereby give permission for my child to have their face painted. YES/NO

I hereby give permission for my child to use eggs when baking as it is my belief they do not have an allergy to egg or egg products YES/NO

I hereby give permission for my child to watch PG movies that qualified After School Care staff have vetted as being appropriate. YES/NO

If your child/children have any other requirements and/or any allergies please complete the box below.

Signature of Parent.....Date