



**T H E  
GLASGOW ACADEMY**

Name ..... Contact Telephone Number  
Address .....  
..... e-mail Address  
.....  
Name of Child/Children..... Class .....  
..... Class .....

**October Week Holiday Club 2011**

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

Friday 14 <sup>th</sup> October				
Monday 17 <sup>th</sup> October	Tuesday 18 <sup>th</sup> October	Wednesday 19 <sup>th</sup> October	Thursday 20 <sup>th</sup> October	Friday 21 <sup>st</sup> October

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 .....**