



THE
GLASGOW ACADEMY

October Holiday Club 2020

Child's Name:

Contact Number:

Class:

E-mail Address:

Address:

Week 1

Friday (09/10/20)	✓
Afternoon	

Week 2

Monday (12/10/20)	✓	Tuesday (13/10/20)	✓	Wednesday (14/10/20)	✓	Thursday (15/10/20)	✓	Friday (16/10/20)	✓
Morning		Morning		Morning		Morning		Morning	
Afternoon		Afternoon		Afternoon		Afternoon		Afternoon	

Week 3

Monday (19/10/20)	✓	Tuesday (20/10/20)	✓	Wednesday (21/10/20)	✓	Thursday (22/10/20)	✓	Friday (23/10/20)	✓
Morning		Morning		Morning		Morning		Morning	
Afternoon		Afternoon		Afternoon		Afternoon		Afternoon	

Prices

Half day holiday club - £19.00 per day

Full day holiday club - £36.00 per day

Payment

All completed booking forms should be returned to After School Care. On receipt of completed forms, an invoice will be generated by the Accounts Department, showing a breakdown of the usage.

Payment Methods

Please make cheques payable to The Glasgow Academy

Please send BACS payments to Account Number: 00636803, Sort Code: 83-07-06, Account Name: GAWMT

Payment by card can be made by calling 0141 342 5495
Childcare Vouchers Please quote your Account Number on all payments made.



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Cool Kids' Club Permission Form

Child's/Children's Name:

Please complete this form and return it to the After-School Care Staff.

	YES	NO
I hereby give permission for my child/children to take part in planned excursions and go on local walks and/or use local and public-school transport (including the Subway).		
I hereby give permission for my child's medical information to be carried by a senior member of staff and for this information to be shared with relevant professionals in the event of an accident.		
I hereby give permission for a high factor sunscreen to be applied to my child to prevent sunburn.		
I hereby give permission for a medical plaster to be administered if my child's skin is broken in an accident.		
I hereby give permission for my child to watch PG movies that qualified staff have vetted as appropriate.		
I hereby give permission for my child to have face paint applied when appropriate.		
I hereby give permission for my child to use eggs when baking and it is my belief that they do not have an allergy to egg or egg products.		
I hereby give permission for my child to drink milk and it is my belief that they do not have an intolerance to dairy products.		
Please state if your child has any other allergies or food intolerances.		
Please give any details of any dietary requirements in regards your child's culture.		

Signature of Parent: Date: