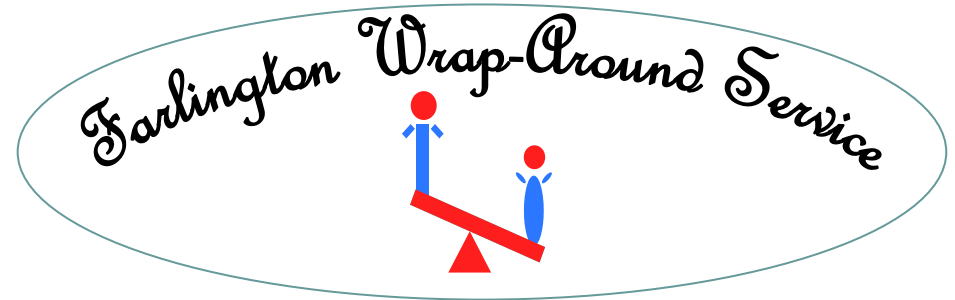


Terms & Conditions

- Please ensure your child has a packed lunch and is wearing suitable clothing.
- Please leave any medicines that your child is taking with the staff, signing the medicine book before leaving.
- Once payment for bookings have been taken, no refund will be given.
- All staff are experienced and a qualified first aider is constantly on duty, providing a safe environment for your child to enjoy themselves in.

Important Notice: For the safety of the child and in accordance with OFSTED all children attending the play scheme must be signed in and out on the official register. If for any reason someone else is to collect your child then a password must be exchanged. We will not release your child without the correct password.



Holiday Playscheme

Ages 3 - 11 years

Based @ Solent Infant School
Everleigh Road Farlington, Portsmouth, Hampshire. PO6 1DH. Please return booking form to any of our after school sites or to:

P. O. Box 988 Portsmouth PO6 9EJ

Open All School Holidays

PLEASE NOTE LAST DAY FOR BOOKING IS 7 days BEFORE PLAY-SCHEME START DATE

IF YOU BOOK AFTER THE CLOSING DATE A £2 FEE PER DAY PER CHILD WILL APPLY.

7.30-6—£30

8-6 £28.00

9-3 £24

8.00 am - 6.00 pm Monday — Friday

Contact Farlington Wrap Around Service on:
Tel: 07505471909 or email contactfwa@sky.com

Our aim is to provide fun and entertainment for children in our care. We are offering a variety of activities including:

- Arts & Crafts
- Face Painting
- Gameboys/ Playstation
- Outings
- Outside Play
- Cooking
- Puzzles & Board Games

Snacks are provided and tea will be supplied at around 4.30 pm.

Limited places available. Avoid disappointment and book your place early.

How to book:

Please return the completed booking form with full payment to any off the after school clubs or to:

P. O. Box 988 Portsmouth PO6 9EJ

Bookings can only be accepted with full payment.

Make cheques payable to F.W.A.S ltd

Childcare vouchers are also accepted .

Booking Form

Payment can be made by *Cash/Cheque/Vouchers*

Parents Name:

Tel No:

E-mail:

Address:

Childs Name:

Age:

Allergies/medical conditions:

In the event of an accident and in the opinion of a medical practitioner, if the necessity arises I give my consent for my son/daughter to be administered an anaesthetic or other emergency aid.

Parents Signature:

Date:

Please could I book place(s) for my child on:

Date

Early start required?
Please tick box.

Monday

Tuesday

Wednesday

Thursday

Friday

Prices: £28.00 (8-6)

£24 (9-3)

£30 (7.30-6)

Total Cost

NB. Please complete a booking form for each child attending the play scheme.