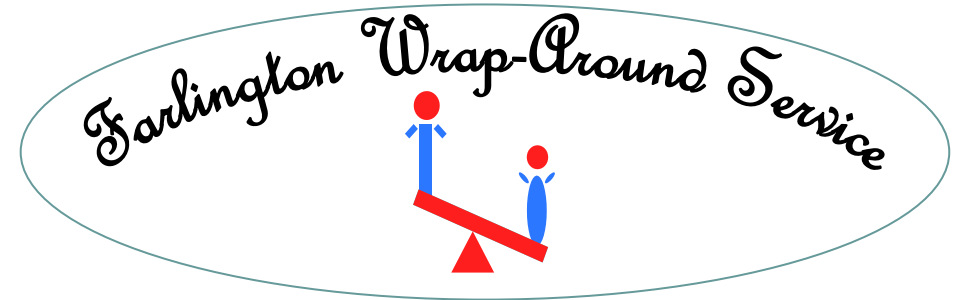


Terms & Conditions

- Please ensure your child has a packed lunch ,drinks and is wearing suitable clothing.
- Please leave any medicines that your child is taking with the staff, signing the medicine sheet 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
Eveleigh Road, Farlington, Portsmouth, Hampshire. PO6 1DH.

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 am - 6.00 pm Monday — Friday

Contact Farlington Wrap Around Service on:
Tel: 07505471909 or email mandymapplebeck@hotmail.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
- Bouncy Castle
- Puzzles & Board Games

Snacks are provided and tea will be supplied at around 4.30 pm. Please bring a packed lunch and drinks.

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

How to book:

Please return the completed booking form with full payment to **any of our after school clubs or PO 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 . **Late booking fee £2 per day per child if booked with less than 7 days until playscheme.**

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	<u>Week 1</u>	<u>Week 2</u>	
	<small>Early start required? Please tick box.</small>		
Monday	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	
Prices:	£28.00 (8-6)	£24 (9-3)	Total Cost
	£30 (7.30-6)		

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