

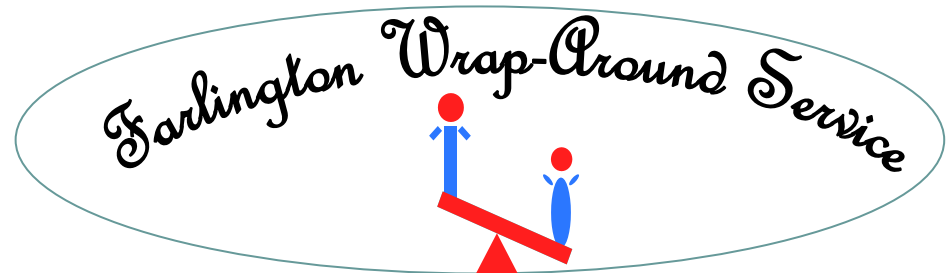
Terms & Conditions

- Please ensure your child has a packed lunch, water bottle 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.

COVID

We can not have parents enter the setting.
Please do not bring your child in if they or anyone in your household are showing signs of covid or illness.



Holiday Playscheme

Ages 4- 11 years

Based at Solent Infant School
Eveleigh Road, Farlington, Portsmouth, Hampshire. PO6 1DH.

Free Holiday sessions for (Benefit) free school dinner children. We provide a snack and free packed lunch!



Department
for Education



Portsmouth
CITY COUNCIL



9-3 Monday — Friday free lunch and snack.

Contact Farlington Wrap Around Service on:
Tel: 07505471909 / conact@farlingtonwraparound.co.uk



Department
for Education

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
- Play station
- Outings
- Outside Play
- Puzzles & Board Games
- Team games

Breakfast and packed lunch are provided. Cheese/Ham sandwich with yoghurt/fruit/drink/snack bar.

Please bring a water bottle.

Limited places available.

How to book:

Please return the completed booking form to **any of our after school clubs or**

email contactfwa@sky.com

Limited places available for school holidays.

If you want to book a longer day you can pay the difference we are open from 7.30-6 every day.

Booking Form

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

Parents Name:

Tel No:

E-mail:

Address:

Childs Name:

Age:

Allergies/medical conditions:

School child attends:

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

Week 1

Week 2

Early start required? Please tick box.

Monday

Tuesday

Wednesday

Thursday

Friday

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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NB. Please complete a booking form for each child attending the play scheme.