

The New Croft Holiday Club  
**Registration / Application Form / Invoice**

If your child has registered before you need not fill in the next section. **Please fill in dates and please sign at the bottom of the page.**

Child's name		Date of birth		Age	Yrs.
Home address		Email		Tel. no.	
Mother's name		Daytime contact No.			
Father's name		Daytime contact No.			
Do both parents have parental responsibility for this child?	yes		no	( if no, please speak to manager )	
Name / Tel. Nos. of other adult/s to contact in case of an emergency					
Name / address / Tel. No. of doctor					
Relevant medical history / allergies etc.					
Your child's favourite games, pastimes.					
Does your child have any fears or worries?					
Anything else you would like us to know?					

**All day: 8.45-5.45pm Half day: 4.5 hours am or pm. Fees ( : All day £28 (additional siblings £25) Half day £15 (14)**

Date	Day	All am/pm?	Date	Day	All/am/pm?	Date	Day	All/am/pm?
	Mon			Mon			Mon	
	Tues			Tues			Tues	
	Wed			Wed			Wed	
	Thurs			Thurs			Thurs	
	Fri			Fri			Fri	

**APPLICATION CONDITIONS AND CONTRACT**

- I understand that my child will not be able to attend the holiday club until this form has been completed and signed and the fees have been paid. Cheques payable to **The New Croft Club**.
- I will inform the club of any changes to contact details.
- I will inform my club if my child will miss a session or will be collected by somebody else.
- In the event of an emergency and my child needs immediate medical treatment, I authorise the club manager to consent to medical treatment on my behalf.
- I understand that the manager has a duty to report any signs of abuse or any disclosures of abuse made by my child.
- I am aware of the New Croft Policies ( displayed in Parents Information Box ) and that I may ask for my own copies.
- **I agree that if I cancel within two weeks of the dates booked that I will forfeit all fees.**
- I agree to the additional charges made if my child is collected later than 5.45pm ( £10 for the first 10 minutes and £10 for every subsequent 5 minutes ).
- I agree to photos being taken of my child for displays, craft activities and club albums.
- I agree to the club providing and supervising Boots Sunscreen for Children.

Signed		Please print		Date	
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The New Croft Club  
 Gil Clasby, 36 Selwyn Road, Newnham, Cambridge CB3 9EB  
 Tel (Home) 01223 574229 (Mobile) 07812798195 (Club Hours) 01223 311437  
 Email: [gil.clasby@ntlworld.com](mailto:gil.clasby@ntlworld.com)  
 Website: [www.thenewcroftclub.co.uk](http://www.thenewcroftclub.co.uk)

**Office Use**

Date form completed and signed		Date confirmation sent	
HC Invoice No.	HC	Amount	Date paid
			Form of payment
			Tick Chart?