

LASK

May/June H/T Holiday Club 2023

@ - The Methodist Church Hall, Kingsway. Wellingborough

Direct Telephone number: 07597 590878

Email: lask.wellingborough@gmail.com

Registration number: EY563525 www.laskoutofschool.co.uk

Name of child:.....

School Attended.....

Monday 29 th May	Tuesday 30 th May	Wednesday 31 st May	Thursday 1 st June	Friday 2 nd June
8.30am – 5.30pm	8.30am – 5.30pm	8.30am – 5.30pm	8.30am – 5.30pm	8.30am – 5.30pm
Closed – Bank Holiday				

Lots of club activities/toys/equipment will be available as well as Lots of outdoor play and sports. + trips to park when good weather.

Please ring / email By Friday 26th May. Thank You

The current fees and sessions (Including Snacks) are: £25 each child £20 each sibling

Full session 8.30am-4.00pm @x £25

Sibling charge @.....x£20

Total payment for Holiday Club

For your child's session, please provide your child with a packed lunch. Packed Lunches need to be healthy, with NO CHOCOLATE, SWEETS, FIZZY DRINKS OR ENERGY DRINKS. LASK will provide a snack at approx. 10am & 2.30pm.

Payment methods:

Cash, Childcare vouchers, or BACS/Internet banking to NatWest Account number 32025580 Sort Code 54-41-05 using your child's name a reference.

For Childcare vouchers or BACS/Internet banking payments please write the date payment was sent here:

To guarantee a place for your child, booking forms with payment to be returned to LASK by Friday 26th May

Places are allocated on a first come, first serve basis. Places are limited.

LASK should be notified directly if your child will not be attending a booked session.

Amendments/Refunds/credits cannot be given for cancelled/non-attendance (unless agreed with the manager prior to booking).

Children not booked in cannot attend (staff ratios are calculated in advance)

*LASK will not take responsibility for child's personal belongings

**All children will be encouraged to participate, but this is not a compulsory activity, if children do not want to join in, that is fine.

I give permission for my child to participate in the activities planned by LASK. My child is permitted to leave the school premises for the organised activities and may travel on buses/mini buses/taxi organised by LASK (with LASK staff).

Parent/Carer Signature.....Parent's Name.....

Emergency contact number/s.....

Any medical information relating to outings or workshops -.....