



- SMALL STARS -

## Holiday Camp – Booking Form

Please complete all sections and email back to [admin@smallstarsgroup.com](mailto:admin@smallstarsgroup.com)

Child's Name					
Date of Birth			Year Group		
Child's School					
Holiday Camp Days/Dates needed: (delete as appropriate)	<u><b>Week 1</b></u> - Mon / Tues / Wed / Thurs / Fri <u><b>Week 2</b></u> - Mon / Tues / Wed / Thurs / Fri <u><b>Week 3</b></u> – Mon / Tues / Wed / Thurs / Fri <u><b>Week 4</b></u> – Mon / Tues / Wed / Thurs / Fri				
Activity					
Half Day	Yes / No	<b>Sports Breakfast</b> <small>(requires a minimum of 3 children to book)</small>	Yes / No	<b>Late Pick Up</b> <small>(requires a minimum of 3 children to book)</small>	Yes / No
Parent/Carer Name					
Email					
Contact Telephone Number					
Second Emergency Contact Name + Number <small>(please state relationship to child)</small>					
<b>IMPORTANT</b> – Please give details below of any medical conditions that your child suffers. If there are none, please write NONE.					
From time to time, Small Stars may take photographs/film of Small Stars' camps and clubs, the use of this is solely for the purpose of promoting and publicising Small Stars' services through Small Stars' literature, website, press and TV. Please indicate your permission for your child to be photographed/filmed.					YES/NO
Please tick the box to confirm you authorise Small Stars staff to administer First Aid where necessary					YES/NO
<b>BACS - MR DEAN TAYLOR S/C: 09-01-28, A/N: 32411169</b>					
** By registering your child into Small Stars, you acknowledge and agree to our Terms and Conditions. For a copy of this or our Privacy Notice please request**					