

**Cascades Leisure Centre
ACORN CLUB
Summer Holidays**



Please complete a separate form for each child. Return the completed form to reception by 4pm on the day prior to which your child is to attend.

Please Note: We can only accept up to 60 children per day, so early booking is essential to secure your child's place. **We are unable to take bookings on the day.**

PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM

SECTION ONE

Child's Name (in full): _____ **Age:** _____

Child's Address: _____ **DOB:** _____

Child's Religion: _____ **Child's Ethnic Origin:** _____

Child's First Language Spoken at Home: _____

Responsible Adult's Name: _____ **Home Phone No:** _____

E-mail address _____

Emergency Contact Name: _____ **Emergency No.** _____

Doctor's Name _____ **Doctor's Phone No.** _____

SECTION TWO

Terms and Conditions

- Gravesham Community Leisure Limited reserves the right to withdraw or change any programmed Acorn Club activity.
- Acorn Club fees are payable upon booking and are not refundable unless a doctor's certificate for hospitalisation is produced. An administration fee will be deducted.
- A suitable adult must register each child each morning with a password; this password must be used for collecting the child at the end of the session.
- A signed letter of consent is required for children walking home alone.
- Application forms must be completed fully for each child when booking, including details of special needs, allergies and ailments.
- Applications will only be accepted up to 4pm the evening prior to the session required.
- A child should have had their fifth birthday, but not their fourteenth birthday on attending an Acorn Club session.
- A child must be collected no later than half an hour at the end of each Acorn Club session or Social Services will be informed, as governed by our registration guidelines.
- Gravesham Community Leisure Limited reserves the right to refuse entry to any child and will require the child to be collected should their behaviour be deemed unacceptable.
- GCLL takes no responsibility for any property lost or stolen.
- I consent to emergency medical treatment being sought as necessary.

I agree to abide by the terms and conditions.

Signed _____ Parent/Guardian

Name in Capitals: _____ Date: _____



The following activities could be included in the Acorn Club programme. If you do not wish your child to participate in any of the activities for medical reasons, please DELETE.

Swimming Ability (swimmer/non swimmer) _____

Bouncy Castle

Trampolines (only with qualified coach)

Ball Sports/Games

Golf

Arts & Crafts

Outside Areas

Park Area (Cascades only)

Quiet Area

Face Painting

Parties

Promotional Photos for advertising

Obstacle Course

Games

Mini Railway (Cascades only)

Coaching Courses e.g. Martial Arts, Fencing (only with qualified coach)

Badminton

Football

Dance (with qualified coach)

Go Karts

Allergies (please state): _____

Special needs (e.g. autism, ADHD, etc.,) _____

Please make Acorn staff aware of any concerns

Medication: _____

Ailments: _____

DATES	MON	AM	PM	S/O	TUE	AM	PM	S/O	WED	AM	PM	S/O	THU	AM	PM	S/O	FRI	AM	PM	S/O
26 – 30 July	26 th July				27 th July			5pm 6pm	28 th July			5pm 6pm	29 th July			5pm 6pm	30 th July			5pm 6pm
LUNCH						YES	/NO			YES	/NO		YES / NO			YES / NO				
2– 6 Aug	2 nd Aug			5pm 6pm	3 rd Aug			5pm 6pm	4 th Aug			5pm 6pm	5 th Aug			5pm 6pm	6 th Aug			5pm 6pm
LUNCH	YES / NO				YES / NO				YES / NO				YES / NO			YES / NO				
9–13 Aug	9 th Aug			5pm 6pm	10 th Aug			5pm 6pm	11 th Aug			5pm 6pm	12 th Aug			5pm 6pm	13 th Aug			5pm 6pm
LUNCH	YES / NO				YES / NO				YES / NO				YES / NO			YES / NO				
16-20 Aug	16 th Aug			5pm 6pm	17 th Aug			5pm 6pm	18 th Aug			5pm 6pm	19 th Aug			5pm 6pm	20 th Aug			5pm 6pm
LUNCH	YES / NO				YES / NO				YES / NO				YES / NO			YES / NO				
23–30 th Aug	23 rd Aug			5pm 6pm	24 th Aug			5pm 6pm	25 th Aug			5pm 6pm	26 th Aug			5pm 6pm	27 th Aug			5pm 6pm
LUNCH	YES / NO				YES / NO				YES / NO				YES / NO			YES / NO				
31Aug–3 Sept				5pm 6pm	31 st Aug			5pm 6pm	1 st Sep			5pm 6pm	2 nd Sep			5pm 6pm	3 rd Sep			5pm 6pm
LUNCH	YES / NO				YES / NO				YES / NO				YES / NO			YES / NO				

Please tick AM & or PM on days & sessions required

S/O = Stop over please circle the time you wish to book until 5pm or 6pm

LUNCH = Please circle YES / NO

Full Day
Members £16.20
Non-Members £17.20
Half Day
Members £8.10
Non-Members £9.10

Lunch £3.60

Reception Only Membership Number _____

Payment Received _____ Receipt No _____

Booking taken by _____