



Brown Lane Pre-School

Browns Lane

Storrington

West Sussex

RH20 4LQ

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www.brownslanepre-school.co.uk



PLAY SCHEME BOOKING

PLAY SCHEME BOOKING FORM

Childs full name _____

Date of Birth _____

Name of Parent _____

Address _____

Telephone _____ Mobile _____

E-mail _____

I would like my child to attend the following mornings (9.15- 12.15) at Browns Lane Pre School play scheme (please tick)

Monday 18th August

Tuesday 19th August

Wednesday 20th August

Thursday 21st August

Friday 22nd August

EMERGENCY CONTACT DETAILS

Persons authorised to collect the child (must be over the age of 16)

1st contact Name and relationship to child

Tel Number _____

Mobile Number _____

2nd contact Name and relationship to child

Tel Number _____

Mobile Number _____



MEDICAL DETAILS

Please give details of any medical conditions/allergies or other information which we should be aware of.

Name, Address & Telephone number of GP

I give permission for staff to seek emergency treatment for my child if I cannot be contacted:

Print Name _____

Signature _____

A separate form is available for you to complete, if staff need to administer any regular medication prescribed by your doctor for your child while he / she is at the play scheme.

Other helpful information about your child: e.g. is your child used to being left with other carers, are they toilet trained?

Please return form and fees by Wednesday 9th July at the latest.

I understand that all Browns Lane Pre-schools policies and procedures will apply for the summer play scheme. The policies and procedures are available to view on request at the pre-school.

I abide by Browns Lane Policies and Procedures

Print Name _____

Signature _____

Date _____