



Landewednack C P School  
Beacon Terrace  
THE LIZARD  
Cornwall  
TR12 7PB  
Telephone: 01326 290066  
littlelizards@landewednack.cornwall.sch.uk

### Little Lizards Easter Holiday club 2019

If you require childcare for the Easter Holidays, please get booking as we are filling up fast. We are available for children aged 2-11years from Monday 8<sup>th</sup> April - Thursday 18<sup>th</sup> April 2019. Please book the sessions that you require.



#### Holiday Club Fees

|              | Times                            | 2 year olds | 3 – 11 year olds |
|--------------|----------------------------------|-------------|------------------|
| Half Day AM  | 8.00am – 1.00pm                  | £18.00      | £15.00           |
| Half Day PM  | 1.00pm – 6.00pm                  | £18.00      | £15.00           |
| Short Day    | 8.45am – 3.15pm                  | £22.00      | £20.00           |
| Long Day     | 8.00am – 6.00pm                  | £36.00      | £30.00           |
| Bolt on hour | (Hours outside of session times) | £4.50       | £4.00            |

Please note the £10.00 'fine' for collection after 6.00pm will be enforced.

Please remember we have an advanced payment policy. We ask you to send either cheque, cash or bank transfers attached to this form (please state payment method and amount below). We must receive payment before Friday 29<sup>th</sup> March 2019 to secure your child's place. Once you have booked your child's space this must be paid for and cannot be refunded or swapped.

We have a fun filled week planned with plenty of exciting Ester activities each day. Your child will receive healthy snacks in the morning and again in the afternoon, this includes a variety of fruit, vegetables, crackers and dairy products. As it is their holiday we may also have some treats!



**All children will require a packed lunch and a water bottle as there will be no cooked meals during the school holidays.**



Please fill in what you sessions you require on the back of the sheet.

Name of Parents .....  
 Address .....  
 Tel .....

Child's name & Age: .....  
 .....  
 .....

Please enter the times required in the boxes below and amount. (Follow example shown)

| Child's Name : | Monday 8 <sup>th</sup> April | Tuesday 9 <sup>th</sup> April | Wednesday 10 <sup>th</sup> April | Thursday 11 <sup>th</sup> April | Friday 12 <sup>th</sup> April | Total amount to pay for the week |
|----------------|------------------------------|-------------------------------|----------------------------------|---------------------------------|-------------------------------|----------------------------------|
| Example        |                              |                               | 8.00am-6.00pm                    |                                 | 1.00pm-6.00pm                 | 1@ £30 and 1@ £15<br>Total=£45   |
|                |                              |                               |                                  |                                 |                               |                                  |
|                |                              |                               |                                  |                                 |                               |                                  |
|                |                              |                               |                                  |                                 |                               |                                  |

| Child's Name : | Monday 15 <sup>th</sup> April | Tuesday 16 <sup>th</sup> April | Wednesday 17 <sup>th</sup> April | Thursday 18 <sup>th</sup> April | Friday Closed Good Friday | Total amount to pay for the week |
|----------------|-------------------------------|--------------------------------|----------------------------------|---------------------------------|---------------------------|----------------------------------|
|                |                               |                                |                                  |                                 |                           |                                  |
|                |                               |                                |                                  |                                 |                           |                                  |
|                |                               |                                |                                  |                                 |                           |                                  |

I agree to the new payment structure and the changes that have been made:

Parents

Name:.....Signed:.....

Date:.....

Emergency contact number.....

Please find enclosed cash/cheque/bank transfer for the amount of £..... (Please circle)

(Our bank details are: sort code: 30-80-48, account number: 54497360, account name –Southerly Point co-operative Multi-Academy Trust. All bank transfers will be checked before securing place. Late pickups will be charged in arrears)

