

Forest Friends Woodland Birthday Parties

BOOKING FORM

To secure your child's Birthday Party please complete this form giving as much relevant information as possible. Once the booking form and the deposit has been received your booking is secured. Please contact us to discuss any further details or requests.

Location

Date of session 1st choice

Date of session 2nd choice

Time of party weekends 10.00 until 13.00 14.30 until 17.30

Week day 16.30 until 19.30

Parents/Guardians name

Child's name

Child's date of birth

Child's age

Number of children attending

Parent/Guardians address

Post Code

Email address

Parents home Tel

Parents mobile

Emergency Tel 1

Emergency Tel 2

MEDICAL FORM – PLEASE COMPLETE THIS FORM IN CASE OF EMERGENCIES

Please ensure that the Forest School Leader is notified of any child with medical conditions, allergies, or behavioural problems before the party date.

Does your child suffer from any allergies

Have diabetes, asthma, or epilepsy

Has your child had any relevant recent illness

Tetanus injection in the last 12 months? Date

Has your child been in contact with any contagious diseases in the last month.

Is there any additional information the Leader needs to know? Please submit additional information on a separate piece of paper

Family Doctor

Telephone

*** If you have any special requests for your party please indicate below**

PHOTOGRAPHIC PERMISSION

Photographs may be taken for promotional use or evaluation booklets, please delete as appropriate.

I give permission for photographs taken at Forest Friends to be used for promotional purposes Yes No

CONSENT

As parent /guardian of _____
I have read and understood the Terms & Conditions for the Forest Friends Woodland Birthday Parties.

I agree to the children taking part in the activities, and all parents have been informed and have given their permission for their children to attend. I consent to any emergency treatment necessary during the above session. I therefore authorise the Forest Friends staff to sign on my behalf, any written form of consent required by the hospital authorities on the understanding that every effort shall be made by the Forest Friends staff to contact the appropriate parent/guardian.

Signature of Parent/Guardian _____

Print name _____

Date _____

Please forward your completed booking form and your cheque made payable to Forest Friends

Forest Friends
25 Southgate Close
Plymstock
Plymouth
PL9 9QL