



We would love you to join us at

CHATTABOX Holiday Club

13th – 17th August 2018

9.45am – 12.30pm

Oundle C.E. Primary School, Cotterstock Road, Oundle

Chattabox is for primary school age children (min age 5 and max age 11 on 31st August 2018) and is organised by the Oundle Churches Youth Association (OCYA). Adults and young people from the local churches run the sessions each morning. Every day there are games, age-appropriate activities, singing, drama, team challenges and much more!

We'd love you to take part in what promises to be a fantastic week of fun!

Please complete this form and email it to chattaboxbookings@gmail.com

Parent/carer full name:				
Home address:				
Phone number (this will also be used for emergency contact during the week):				
Email address:				
GP Name:			GP Surgery phone number:	
Church connection (if any):				
Child's name	Gender	D.O.B	School	Health/Dietary needs/Other information
<p>Payment</p> <p>OCYA subsidises the cost of CHATTABOX so that we can keep costs to families at a reasonable level. This year the cost of CHATTABOX is £25 per child. If possible, please pay via BACS using the following details <u>before submitting the booking form</u>:</p> <p style="text-align: center;">Account name: Chattabox Sort code: 20-67-37 Account number: 10756792</p> <p style="text-align: center;"><i>When making the transfer, please use the child's surname as the payment reference.</i></p> <p>If you are unable to pay via BACS, please write a cheque payable to CHATTABOX and send it with this booking form to: Mrs Jean Norris, 8 Victoria Road, Oundle, PE8 4AY.</p> <p>We do not want lack of funds to exclude anyone from Chattabox and can offer assisted/ free places if needed. Please contact our administrator Jean Norris in this instance using the above email address. Should you wish to make an additional voluntary donation this will be gratefully received and used to support the free places. Thank you.</p>				
If you do not want your child(ren) to be in photographs and/or videos please advise us.				
In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency, if I cannot be contacted, I am willing for my child to receive hospital treatment, including anesthetic. I understand that every effort will be made to contact me as soon as possible. I confirm that the above details are correct to the best of my knowledge.				
Signed: Parent/Carer:			Date:	Amount Paid: