Dear Parent / Guardian

Thank you for reading the Holiday Camp booklet. Please tick to confirm that you have read and agree to the terms of booking.

* Camp timings [ ]
* What to bring [ ]
* Holiday Camp values [ ]
* Informing of Special Educational Needs / Medical conditions / Dietary requirements [ ]
* Preparing for camp [ ]
* Photography privacy [ ]

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| Name of child / children................................................Parent / Guardian name………………………………….Parent / Guardian signature …………………………….. Date ………………………..Thank youSt Lawrence College Holiday Camp Team |