**Booking Form**

**BREAKOUT (at Breakaway)**

**Short Breaks – Slough Children’s Services Trust**

**2 Priors Close, Slough, SL1 2BQ.**

**Contact number: 01753 825365**

**Name of Child:**

**Date of Birth:**

**Address:**

**Phone:**

**Email Address:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Day / Date** | **Activity** | **Disability Type** | **Activity Time** | **Cost****(£)** | **Top 6 preferences****ONLY** |
| 1. | **Wednesday****20th February 2019** | **Jump In**(Waiver need to be ticked below) | All Disabilities | **11:00-14:30** | **£5.00** |  |
| 2. | **Wednesday****10th April 2019** | **Beale Park**(bring swim wear to use the paddling pool) | All Disabilities | **10:00-15:00** | **£10.00** |  |
| 3. | **Wednesday****17th April 2019** | **Science Museum** | All Disabilities | **10:00-16:00** | **£5.00** |  |
| 4. | **Wednesday****29th May 2019** | **Windsor Castle (inside) and Open Bus Tour** | All Disabilities | **10:00-14:30** | **£10.00** |  |
| 5. | **Wednesday****31st July 2019** | **West Wittering Beach**(bring swim wear, sun cream, hats, etc) | All Disabilities | **09:00-16:00** | **£10.00** |  |
| 6. | **Wednesday****7th August 2019** | **Camp Mohawk**(bring swim wear to use the paddling pool) | All Disabilities | **10:00-14:30** | **£5.00** |  |
| 7. | **Wednesday****14th August 2019** | **Laser Tag**(Maidenhead) | All Disabilities(except for CYP with photosensitive epilepsy) | **11:00-14:30** | **£10.00** |  |
| 8. | **Wednesday****21st August 2019** | **TVAP** | All Disabilities(6-15 yrs) | **10:00-14:30** | **£5.00** |  |
| 9. | **Wednesday****28th August 2019** | **Lookout Discovery Centre** (Bracknell) | All Disabilities | **10:00-15:00** | **£5.00** |  |
| 10. | **Wednesday****30th October 2019** | **Whipsnade Zoo** | All Disabilities | **10:00-15:00** | **£10.00** |  |
| Tick this box if you are interested in **ALL** the above activities for your child and would like to be contacted if space is available. |

|  |  |  |
| --- | --- | --- |
|  |  |  |

***Please return this booking form to Breakout at Breakaway by hand/ post or email.***

**The drop off and pick up venue is Breakaway (2 Prior’s Close, St Lawrence Way, Slough, SL1 2BQ)**

**I/we as parents or carers of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) give permission:**

 **(Tick)**

for staff at Breakout to administer PRN medication (if needed) to my child.

for staff at Breakout to take photos of my child during above activities.

for our Child to jump in at trampoline Park (Waiver requirement).

**Signed:**

**Print Name: Date:**

 **(Parent / Guardian / Carer)**