



THE PLAYBARN SCHEDULE

BREAKFAST CLUB: 7:00 AM - 9:00AM DAILY

With packed breakfast brought by you or breakfast provided by the play barn kitchen – we will provide juice and water. Breakfast Club will take place from - **7:00 AM – 9:00 AM DAILY**

ACTIVITY SESSIONS: 9:00 AM – 12:00 PM DAILY.

(Snack time – 11:00 AM DAILY)

Monday: Music and Grooving

Tuesday: Little Luvvies

One and a half (1½) hours of story and role-play based free play. ½ hour drama. Class based around real-life situations or stories – lots of role play 'at the airport', 'At the market', 'At the doctor's office' and storybook selections.

Wednesday: Crafty Kids

Two (2) hours of AMAZING arts and crafts

Thursday: Sign & Play

Sign language for Kids! Children sign along to favorite songs, nursery rhymes and stories. We also have SignAlong interactive DVD's.

Friday: Cardio Kids

Two (2) hours of physical fun – climbing frame, slide, tunnels & tents, trampoline, ball pit, ring games, parachute, chasing bubbles outside. Mini-tennis or mini-football, P.E., balancing, forward rolls, hand-eye co-ordination, catching and more!)

AFTERNOON SESSIONS: 12:00 PM – 1:00 PM DAILY

- **Nap time: 12:00PM – 1:00PM**
- **Lunch time: 1:00PM – 2:00PM**

FEES

Registration:	N15,000.00
Morning / Before Care for ages 1 – 3 Years:	N50, 000.00 (3 Days a week @ half price)
Lunch	N400
After Care Fees:	N30,000/month
Daily Visits:	N3000/day
Weekly Visits:	N7500/week
Club Fees:	N5000/club
School Visits (<i>Minimum of 10 Kids</i>):	N1000/child (<i>Plus One off joining fee of N30, 000</i>)

BREAKFAST CLUB & MORNING PLAY SESSION APPLICATION FORM

Child's name:

Child's date of birth:

This is to confirm my acceptance of the **breakfast club/morning play session** place now offered at THE PLAYBARN for my child

BREAKFAST CLUB:

I would like my child to attend ____ [*enter number of breakfast club sessions per week*] breakfast club sessions per week on the following days: [*circle days attending*]

Monday Tuesday Wednesday Thursday Friday

PLAY SESSIONS:

I would like my child to attend ____ [*enter number activity/play sessions per week*] play sessions per week on the following days/sessions: [*please tick all that you are applying for*]

MONDAYS: MUSIC AND GROOVING

TUESDAYS: LITTLE LUVVIES ROLE PLAY

WEDNESDAYS: CRAFTY KIDS

THURSDAYS: LITTLE LUVVIES STORY LAND

FRIDAYS: CARDIO KIDS

Parent's signature:

Parent's name:

Address:

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Tel (Home):

Tel (Father work):

Tel (Mother work):

E-mail address:

EMERGENCY MEDICAL CONSENT & DIETARY NEEDS FORM

I, give permission for my child to receive emergency medical attention in my absence.

Parent's signature: Dated:

Tel (Home):

Tel (Father work):

Tel (Mother work):

Mobile (Father):

Mobile (Mother):

Doctor's Name:

Doctor's Address:

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Doctor's Tel No.:

Please add details of any allergy, dietary requirements, religious, cultural or personal dietary needs (e.g.vegetarian), strong likes and dislikes, any medical condition or any other information you may

deem important as relates to your child's dietary or health and safety needs [*please write 'N/A' if none*]:

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Would your child prefer juice or water at meal time(s)? [*please circle one*]

JUICE WATER