 CACFO Summer Programme (HAF)

Registration Form - 2022

|  |
| --- |
| **Office Use Only** |
| **Registration Date:** |
| **Authorised by:** |
| **FSM** |
|  |

**CHILD’S DETAILS**

**CHILD 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | Given Name(s): | | | | | Sex: |
| D.O.B: | | | Age: | | School Year: | |
| Ethnic Group: | | Religious Affiliation: | | | | |
| First Language: | | | | Telephone (Mobile): | | |
| Medical Condition(s)/Dietary: Medication: | | | | | | |
| GP Contact Details:  Surgery Telephone Number: | | | | | | |

**CHILD’S DETAILS**

**CHILD 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | Given Name(s): | | | | | Sex: |
| D.O.B: | | | Age: | | School Year: | |
| Ethnic Group: | | Religious Affiliation: | | | | |
| First Language: | | | | Telephone (Mobile): | | |
| Medical Condition(s)/Dietary: Medication: | | | | | | |
| GP Contact Details:  Surgery Telephone Number: | | | | | | |

Please turn over

**PARENT/CARER DETAILS**

**ADULT 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: | | First Name: | | | Sex: |
| Relationship: | Ethnic Group: | | | First Language: | |
| Address:  Post Code: | | | | | |
| Telephone (Home): | | | Telephone (Mobile): | | |
| Email Address: | | | Telephone (Work): | | |

**PARENT/CARER DETAILS**

**ADULT 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: | | First Name: | | | Sex: |
| Relationship: | Ethnic Group: | | | First Language: | |
| Address:  Post Code: | | | | | |
| Telephone (Home): | | | Telephone (Mobile): | | |
| Email Address: | | | Telephone (Work): | | |

**EMERGENCY CONTACT OTHER THAN ADULT 1 & 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | First Name: | | Sex: |
| Relationship: | | | |
| Address:  Post Code: | | | |
| Telephone (Home): | | Telephone (Mobile): | |
| Email Address: | | Telephone (Work): | |

|  |  |
| --- | --- |
| **Is the pupil entitled to free school meals?** | |
| Yes | No |
| Parent D.O.B. | NI Number: |

Please tick the week(s) your child(ren) will attend.

|  |  |  |
| --- | --- | --- |
| **WEEK 1** | 25.07.22 – 29.07.22 |  |
| **WEEK 2** | 01.08.22 – 05.08.22 |  |
| **WEEK 3** | 08.08.22 – 12.08.22 |  |
| **WEEK 4** | 15.08.22 – 19.08.22 |  |

**Parent/Carer Signature:**

**Print Name:**

**Date:**