 CACFO Summer Programme (HAF)

 Registration Form - 2022

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| --- |
| **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:**