# Burnage Academy Easter Holiday Programme 11 – 14 April 2023

# YOUNG PERSON REGISTRATION AND CONSENT FORM



To book your child’s place please complete the Google form on this QR code link:-

Or, you can complete this form and return to your school reception

to complete the Google form for you.

Or return to the contact at [www.Team**MCR**.co.uk](http://www.TeamMCR.co.uk)

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| **YOUNG PERSON’S DETAILS**FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MALE / FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CURRENT YEAR AT SCHOOL (NB must be Year 5, 6 or 7): \_\_\_\_\_\_\_\_\_\_\_SCHOOL ATTENDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOES YOUR CHILD RECEIVE FREE SCHOOL MEALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NB This programme is aimed at children receiving **Free School Meals.** Those now receiving FSM will be offered a space if spaces allow. |

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| PARENT / CARER DETAILS: (These will be used to contact you in an emergency) FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP TO CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTCODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Days my child will attend: (please tick):- |
| * WEEK 1: All 4 days
* Tuesday 11th April
* Wednesday 12th April
* Thursday 13th April
* Friday 14th April
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Please turn over…….

MEDICAL AND ALLERGY INFORMATION FOR YOUNG PERSON

Does your child:

* Have a disability, learning difficulty or special need? (Circle) YES / NO

MEDICAL AND ALLERGY INFORMATION FOR YOUNG PERSON (cont)

* Have any potential allergic reaction - general and/or to medication? (Circle) YES / NO
* Have any medical condition or take any medication of which we should be aware? (Circle) YES/NO
* Any other special requirements which we should be aware of?(Circle) YES / NO

***If you have answered ‘YES’ to any question please give details below:***

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* Any food allergies or special dietary requirements?(Circle) YES / NO

***If you have answered ‘YES’ to any question please give details below:***

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# Photo Consent

* Photographs and/or video will be taken by Team**MCR.** These will be used appropriately for TeamMCR publicity and information materials. Please tick the box if you consent to photographs and/or video of your child.

**Please choose ONE of the two options:**

* My child will be travelling on their own to and from the holiday scheme.
* My child is **NOT** allowed to travel alone and they will be picked up by myself or if this is not possible, the following person(s) will collect them:

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| **Signed: Date:****Name (print): Relationship to Young Person:** |