 

Wright Education @Rainham

St Helen’s Church Hall,

St. Helen’s Court

Contact: 07852137462- Sandra

E:info@wrighteducationuk.com

W:www.wrighteductionuk.com

Dear Parents,

You are receiving this booking form as your child/children are entitled to free school meals.

Funding for the HAF programme is offered by LB Havering. We have spaces from Tuesday 26, RM13 9YUth July to Thurs 18th August.

These spaces are for 4 hours per day, for children age 5-11 years old.

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| This form must be completed and signed by the parent/guardian of the child/children named therein. By signing this form, you give consent to Wright Education for:* your child to take part in a full range of activities on site and off site.
* For our staff to administer approve medical treatment to your child as is deemed necessary in an emergency on the advice of a qualified medical practitioner.

**Please return your booking form by 17th July 2022.** |

 **Booking Form**

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| --- | --- |
| Name of child 1:Name of child 2:Name of child 3: |  |
| Age and Date of birth of child 1:Age and Date of birth of child 2:Age and Date of birth of child 3: |  |
| Name of School & year group |  |
| Name of parent/carer |  |
| Address |  |
| Contact phone/ email |  |
| Emergency contactName/Phone number |  |
| Booking datesYou can choose different days in any week |  26th 27th 28th, 29th July 1st 2nd 3rd 4th August8th, 9th 10, 11th August15th, 16th 17, 18th August |
| Child’s allergies, dietary requirements or other information relevant to the provision of the service |  |
| Allergies |  |
| Eligible for free school meals (please circle) | Yes No Unsure |
| Special needs |  Yes/No |

|  |  |
| --- | --- |
| Please provide details |  |
| Ethnicity |  |
| Other information we should know about |  |

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| --- |
| The safety and welfare of your child is our number one concern. The highest standard of behaviour will be expected at all times from your young person. Your co-operation with this aim will be very much appreciated.Please circle if you are happy for your child to be photographed and images to be used by LB Havering and Wright Education. **Yes No**Full name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |