 

Wright Education @Rainham

St. Helen’s Church Hall,

St. Helen’s Court

RM13, 9YU

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 Wednesday 21st-23rd December, 2022.

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 14th December** |

 **Booking Form**

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| --- | --- |
| Name of child 1: Name of child 2:Name of child 3: |  |
| Date of birth Age of child 1:Date of birth Age of child 2:Date of birth Age of child 3: |  |
| Gender: (please circle) | M F |
| Ethnicity:  |  |
| Name of School & year group |  |
| Name of parent/carer |  |
| Address |  |
| Contact phone/ email |  |
| Emergency contactName/Phone number |  |
| Booking datesYou can choose one or all days | 21st, 22nd, 23rd, December, 2022  |
| Child’s allergies, dietary requirements or other information relevant to the provision of the service |  |
| Allergies |  |
| Eligible for free school mealsVoucher code: | Yes No |
| Special needsPlease give information regarding SEND: |  Yes No |
| Can you child swim | Yes No |

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| --- | --- |
| Please provide details |  |
| 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 Newham and Wright Education. **Yes No**I give permission for my child to attend trips in and out of Newham. **Yes No**I give permission for Wright Education staff to administer basic first aid to my child. **Yes No**Full name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |