



More people
More active
More often

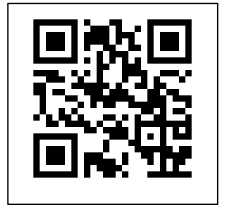


MEA Central CHRISTMAS Holiday Programme 19 – 22 DEC 2022

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.TeamMCR.co.uk

YOUNG PERSON'S DETAILS

FIRST NAME: _____ SURNAME: _____

MALE / FEMALE: _____ DATE OF BIRTH: _____

CURRENT YEAR AT SCHOOL (NB must be Year 4, 5 or 6): _____

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.

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: _____

Days my child will attend: (please tick):-

- ☐ **WEEK 1: All 4 days**
- ☐ **Monday 19 December**
- ☐ **Tuesday 20 December**
- ☐ **Wednesday 21 December**
- ☐ **Thursday 22 December**

PLEASE TURN OVER.....



More people
More active
More often



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:

- Any food allergies or special dietary requirements? (CIRCLE) YES / NO

If you have answered 'YES' to any question please give details below:

PHOTO CONSENT

- ☐ Photographs and/or video will be taken by TeamMCR. 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:

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