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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please use BLOCK CAPITALS** **Child’s Details**

|  |
| --- |
| Legal forename: |
| Middle name(s): |
| Legal surname: |
| Preferred surname: |
| Preferred forename: |
| Date of birth: |
| Gender: Male / Female **(Please circle one)** |
| Child’s home address:Postcode: |
| Home telephone number: |
| Do you already have a child who attends Marine Academy? Yes/No **(circle one)**If yes, name of child: |

**Parent/Carer Details**

|  |
| --- |
| 1. **Contact details for Parent/Carer**

Surname: |
| Forename: |
| Address:Postcode: |
| Home tel. no:Mobile no: Email: |
| Work telephone no: Place of work: |
| Relationship to child: Mother/Father/Step Parent/Relative/Childminder/Carer/Other **(circle one)** |

|  |
| --- |
| 1. **Contact details for Parent/Carer**

Surname: |
| Forename: |
| Address:Postcode: |
| Home tel. no: Mobile no: Email: |
| Work telephone no: Place of work: |
| Relationship to child: Mother/Father/Step Parent/Relative/Childminder/Carer/Other **(circle one)** |

**Medical Information**

|  |
| --- |
| Does your child have any medical conditions including allergies? Yes / No **(Please circle one)**Please give details of medical conditions and allergies: |
| Is your child registered as disabled: Yes / No **(Please circle one)**If yes, please give details: |

**Session Information**

|  |
| --- |
| Is your child eligible for 15 hours of ME2 Funding?Yes / No **(Please circle one)**If your child is eligible for ME2 Funding please provide your National Insurance Number and Date of Birth below: **­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Date of Birth**…………………………………. **National Insurance Number ………………………………………**Does your child currently attend a session elsewhere? Yes / No **(Please circle one)**If yes, please give details:Please specify when you would like your child to start: |

Signed …………………………………………………………………. Date ………………………………….Signed …………………………………………………………………. Date ………………………………….***Acceptance of this pupil information form does not by itself guarantee that a place can be made available*** |

**Name of Child**…………………………………….. **Date of Birth…………………………….**

Please indicate which sessions you would like your child to attend.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session** | **Timings & Cost** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Breakfast Club** | 7:30-8:30am£4.00 |  |  |  |  |  |
| **Morning****including Snack** | 8:30-11:30am£12.00 |  |  |  |  |  |
| **Lunch** | 11:30am-12:15pm£3.50 |  |  |  |  |  |
| **Afternoon including Snack** | 12:15-3:15pm£12.00 |  |  |  |  |  |
| **After School Club****including Snack** | 3:15-4:30pm£4.50 |  |  |  |  |  |
| **After School Club****including Tea** | 3:15-6:00pm£12.00 |  |  |  |  |  |

**Please note that there is a special daily rate of £42 7:30am-6:00pm**

All morning and afternoon sessions are fixed but permanent changes can be made with four weeks’ written notice.

Please return the forms enclosed as soon as possible.

We look forward to your child joining us!

Yours sincerely,

 

Mrs Siobhan Meredith Mrs Claire Jones

Headteacher Deputy Headteacher