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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**

**MR / MRS / MISS/ MS (Please circle)**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)** |
| Parent / Carer National Insurance Number……………………………………………………………….Parent / Carer Date of Birth………………………………………… |

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

**MR / MRS / MISS/ MS (Please circle)**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£5.00 |  |  |  |  |  |
| **Morning****including Snack** | 8:30-11:30am£13.50 |  |  |  |  |  |
| **Lunch** | 11:30am-12:15pm£3.75 |  |  |  |  |  |
| **Afternoon including Snack** | 12:15-3:15pm£13.50 |  |  |  |  |  |
| **After School Club****including Snack** | 3:15-4:30pm£6.25 |  |  |  |  |  |
| **After School Club****including Tea** | 3:15-6:00pm£13.75 |  |  |  |  |  |

**Please note that there is a special daily rate of £47.00 7:30am-6:00pm**

Please return the forms enclosed as soon as possible.

We look forward to your child joining us!

Yours sincerely,



Mrs Siobhan Meredith

Headteacher