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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**   |  | | --- | | Will your child be eligible for the 30 hours free childcare for 3 and 4 year olds when they start:  Yes / No **(Please circle one)**  If your child is eligible for 30 hours of free childcare please provide your National Insurance Number and Eligibility Code below  **National Insurance Number ………………………………………**  **Eligibility Code ……………………………………………………….**  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  £4.50 |  |  |  |  |  |
| **Morning**  **including Snack** | 8:30-11:30am  £12.00 |  |  |  |  |  |
| **Lunch** | 11:30am-12:15pm  £3.00 |  |  |  |  |  |
| **Afternoon including Snack** | 12:15-3:15pm  £12.00 |  |  |  |  |  |
| **After School Club**  **including Snack** | 3:15-4:30pm  £5.65 |  |  |  |  |  |
| **After School Club**  **including Tea** | 3:15-6:00pm  £12.40 |  |  |  |  |  |

We look forward to your child joining us!

Yours sincerely,



Mrs Siobhan Meredith

Headteacher