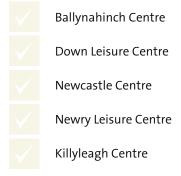
Summer Scheme 2018 Registration Form

Please note a separate form must be completed for each child and information should be printed clearly.

Child

Surname		Other Name(s)	
Λαο	Date of Birth		iender
Age	Date of Birth	d	letiuei
Address			
		Pe	ostcode
Parent/Guard	ian Contact Detail	S	
Name		Relationship to	o child
Home Telephone	Work Telephone		Mobile Telephone
Email Address			

Centre Attending



Booking Options

Full Week

Full Week (2 or more siblings from same family)

Breakfast Club

Morning Session (per week)

Afternoon Session (per week)

Daily

Day Trip

Weeks Required

Week 1 (9 July)
Week 2 (16 July)
Week 3 (23 July)
Week 4 (30 July)
Week 5 (6 August)
Week 6 (13 August)
Week 7 (20 August)



Summer Scheme 2018 Registration Form

Parent/Guardian Consent

	in Medical Needs/Medication: Please detail if your ility, behavioural/learning difficulty or is taking any	y medication we should know about.**
	cal Emergency Permission: In the event of a medica gency services. If no, then please state alternative a	al emergency, I consent to my child being treated by medical arrangements.
	Yes No	
Addit	ional Emergency Contact Names, Numbers and Re	lationship to child.
1:		
2:		
Nam	e(s) of who will be collecting your child. If this changes	s staff needs to be informed immediately.
De	claration	Parent/Guardian Signature
De	claration I consent to my child going swimming	
De	I consent to my child going swimming	Parent/Guardian Signature Print Name
De		Print Name
De	I consent to my child going swimming I consent to my child going on the trips	
De	I consent to my child going swimming I consent to my child going on the trips which will involve travelling on a bus	Print Name
De V	I consent to my child going swimming I consent to my child going on the trips which will involve travelling on a bus I consent to my child being photographed	Print Name Date
De V	I consent to my child going swimming I consent to my child going on the trips which will involve travelling on a bus	Print Name Date
De	I consent to my child going swimming I consent to my child going on the trips which will involve travelling on a bus I consent to my child being photographed	Print Name Date Cheme (must be 10 years old or over)
De	I consent to my child going swimming I consent to my child going on the trips which will involve travelling on a bus I consent to my child being photographed I consent to my child walking to and from the so	Print Name Date Cheme (must be 10 years old or over) any changes to contact details any changes to my child's health,

** Medication/Travel Sickness

Medication will only be administered with parental/guardian consent and all medication or instructions should be given to the leader. If your child requires travel sickness tablets, please ensure that you supply your child with them.

Using your Personal Information

Newry, Mourne and Down District Council collect the information on this form for the purpose of the administration and management of the Council's Summer Scheme Programme.

Where sports coaching forms part of the Summer Scheme Programme the information collected on this form will be shared with the relevant Sports Coaches and Sport Northern Ireland.

Summer Scheme 2018 is supported by Newry, Mourne and Down District Council Community Relations and Development Section.