

Wright Education @Rainham

**Primary Site:**

Age: 5-11

Brenda Blakemore

Davies Close

Rainham RM13 9LJ

**Secondary Site:**

Age: 12-15:

Elm Park

108 Eyhurst Ave,

Hornchurch RM12 4RA

Contact: 07852137462- Sandra

[E:info@wrighteducationuk.com](mailto:Email.info@wrighteducationuk.com)

W:www.wrighteductionuk.com

Online registration: **http://eequ.org/wrighteducation**

Dear Parents,

You are receiving this booking form as your child/children are entitled to free school meals.

Holiday Food and Activity Programme (HAF) is a government incentive. Wright Education is supported by Havering Borough to offer 4 hours per day for 8 days. **The offer is from Monday 3th – Thursday 6th April or Tuesday 11th – Friday 14th.** We have for children age 5-15 years old, on two sites.

Offer is booked through our website and offered on a first come first basis.

|  |
| --- |
| This form must be completed and signed by the parent/guardian of the child/children named therein.  By signing this form, you give consent to Wright Education for – your child to take parent in a full range of activities on site, off site and other Boroughs.  For our staff to administer approve medical treatment to your child as is deemed necessary in an emergency on the advice of a qualified medical practitioner. |

**Booking Form**

|  |  |
| --- | --- |
| Name of child: |  |
| Date of Birth  Age: |  |
| Name of School & Year Group |  |
| Name of parent/carer |  |
| Address  Post Code |  |
| Ethnicity |  |
| Contact phone/ email |  |
| 2. Emergency contact  Name  Phone number:  Relationship: |  |
| Booking dates |  |
| Dietary requirements |  |
| Allergies |  |
| Eligible for free school meal  Write code here |  |
| Apply and check here if you are eligible | [*Free School Meals Criteria and Application Link*](https://www.havering.gov.uk/info/20006/schools_and_education/431/free_school_meals_and_pupil_premium) |
| Special needs  If yes does your children have an EHCP? |  |
| Other information we should know about  eg: name of benefit |  |
| Can your child swim? | No |

|  |  |
| --- | --- |
| Please provide details for: |  |
| 1. Emergency contact details  Name:  Relationship: |  |

|  |
| --- |
| The safety and welfare of your child is our number one concern. The highest standard of behaviour will be expected at all times from your young person. Your co-operation with this aim will be very much appreciated.  Please circle if you are happy for your child to be photographed and photos to be used by Havering Borough and Wright Education, in their publication.  Full name of Parent/Guardian\_ \_\_\_\_\_ Signature \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_ Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |