

Summer Activities School 2019

CHILD'S DETAILS

Full Name:	Date of Birth:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
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Permanent Address:

Postcode:	Home Telephone:
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DETAILS OF LEGAL PARENT/CARER

Name(s):

Address:
(if different to child's)

Home Telephone:	Mobile(s):
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Work Telephone(s):	Email:
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DETAILS OF TWO PERSONS WILLING TO BE CONTACTED IN CASE OF EMERGENCY (IF PARENTS ARE NOT AVAILABLE)

1) Name:	Relationship to child:
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Address:

Home Telephone:	Mobile:
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2) Name:	Relationship to child:
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Address:

Home Telephone:	Mobile:
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CHILD'S MEDICAL DETAILS

Doctor's Name:	Telephone Number:
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Doctor's Address:

Does your child suffer from any medical conditions? Yes No

If yes, please explain

Please continue on separate sheet if necessary

Does your child suffer from any allergies? Yes No

If yes, please explain

Please continue on separate sheet if necessary

Does your child take any medication? Yes No

If yes, please explain

Please continue on separate sheet if necessary

Date of my child's last anti-tetanus injection:

I consent to the giving of any urgent medical or surgical treatment to my child which is considered necessary by the medical authorities during the Summer School. I have also read and comply with the Booking Conditions.

Signature of person with legal responsibility:

Date:

ADDITIONAL INFORMATION

Can your child participate in physical activities without restriction or special supervision? If no, please explain in the box below * Yes No

Please tick (✓) to indicate your child's swimming ability: Can swim more than 50 metres
 Can swim up to 25 metres
 Cannot swim at all

Child's school as at July 2018:

* Please give any further information which you feel may be a help to us

Please continue on separate sheet if necessary

How did you hear about the Summer School:

Please tick (✓) which applies and refer to Booking Conditions for costs:

SUMMER ACTIVITIES SCHOOL

Week 1					Week 2				
Monday 29 th July 2019	Tuesday 30 th July 2019	Wednesday 31 st August 2019	Thursday 1 st August 2019	Friday 2 nd August 2019	Monday 5 th August 2019	Tuesday 6 th August 2019	Wednesday 7 th August 2019	Thursday 8 th August 2019	Friday 9 th August 2019

BREAKFAST CLUB

Week 1					Week 2				
Monday 29 th July 2019	Tuesday 30 th July 2019	Wednesday 31 st August 2019	Thursday 1 st August 2019	Friday 2 nd August 2019	Monday 5 th August 2019	Tuesday 6 th August 2019	Wednesday 7 th August 2019	Thursday 8 th August 2019	Friday 9 th August 2019

Total Amount Payable to
Maidstone Grammar School

£

Payment Method

- Cheque (payable to Maidstone Grammar School)
 Cash Childcare Vouchers
 ParentMail PMX (available to MGS students only)

Please return this form (with payment) to: The Bursary, Maidstone Grammar School, Barton Road, Maidstone, Kent. ME15 7BT. Tel: 01622 752101 or email: finance@mgs.kent.sch.uk with any queries.