

## Aquinas Summer Project 2020 Application Form

Child's Name: \_\_\_\_\_ Primary School: \_\_\_\_\_

- I would like my child to attend the Summer Project week beginning Monday 10<sup>th</sup> August 2020.
- I understand that the revised cost of Project is £20 per day and £6 per day for children considered Pupil Premium. I will make payment once I have been informed of the days my child has been offered and payment will be received by the school prior to the Project start date.
- I would like a pencil case and will add £4 on the payment for the Project.

### Emergency Contact Details:

Contact 1 – Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Contact 2 – Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact number: \_\_\_\_\_

### Travel:

- I will be collecting my child from the Summer Project daily
- My child will make their own way home
- ..... will be collecting my son/daughter on my behalf

### Important Information:

My child has food allergies **Yes/No (please circle)**

More information: \_\_\_\_\_  
\_\_\_\_\_

My child has SEN/Medical Needs **Yes/No (please circle)**

More information: \_\_\_\_\_  
\_\_\_\_\_

My child requires medication during the school day **Yes/No (please circle)**

More information: \_\_\_\_\_  
\_\_\_\_\_

To comply with General Data Protection Regulations (GDPR), we need permission before we can photograph or make any recordings of your child for promotional purposes.

I give permission for my child to be photographed or recorded during the Summer Project **Yes/No (please circle)**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Please return to the Bishop Justus School Office by Friday 3rd July 2020 marked  
'Aquinas Summer Project 2020'