Salford winter of fun booking application

**Application details**

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| Child's first name |
| Child's last name |
| Child's date of birth |
| Does your child have any medical conditions, allergies or disability that we need to be aware of? |
| If yes, please provide full details: |
| Child's school |
| Child's year group (Reception to year 11) |
| Please select the venue |
| Please select the session you want your child to attend |
| Confirmation that my child is eligible for free school meals, the council will use the information provided to check this |
| Does your child have any special dietary requirements? |
| Please provide further details |
| Address |
| Parent's email, you will also receive a copy of your request form |
| Parent's name, this will be used as an emergency contact on the day of the bookings |
| Emergency contact number. Please include the area code |
| Confirmation that you can share my information with the organisation running the event my child is attending |
| Confirmation my child is the correct age for this activity |
| Data sharing consent – confirmation that you would like the council to contact you about future activities funded for children for free school meals |
| If there is any additional information you wish to add, please do so below |