**Skipz Productions Registration form for MAY HALF TERM– PAID PLACES ONLY**

# *Lewisham Borough May Half Term Programme 2024*

# *Pirates and Mermaids -The Skipz Experience”*

Welcome to our Holiday activities and Food Programme 2024. We are delighted to welcome you on this fantastic programme. This registration form is for those who wish a book a paid place for their child. If your child is in receipt of free school meals please register online at <https://www.skipzproductions.org/skipzhafeaster2024> and choose the Borough you either reside or your child(ren) attends School in and follow the instructions on the page.

**This Registration Form is ONLY for those families wishing to pay for a place on the programme as their Child(ren) are NOT in receipt of benefit related Free School Meals.**

To access this programme children must be:

* Open to children between 4-16 years old
* Siblings are Welcome

The children will take part in a variety of activities including weekly themed drama, dance, singing, arts and crafts, clay modelling activities and nutritional activities.

Which borough do you reside/live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name( First Name and Surname): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age and School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which School does your Child attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Child’s Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your Child have any SEND Needs. If so please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Which Venue are you attending for the HAF Programme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your full address including Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would your child like the **Vegetarian** or **Meat Meal**? Please write one option only:

Any dietary requirements? Any Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to take photography/filming? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

The cost for a place on the Summer Programme is £25.00 per child per day. Lunch will be provided.

Please make payment to:

Please provide your child’s first initial and surname (e.g. ABAKER):

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Account Name: **Skipz Productions cic**

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Account number: **17940929**

Sort code: **23-05-80**

**​**

Once payment has been made please send a screenshot of payment to [skipzhaflewisham@gmail.com](mailto:skipzhaflewisham@gmail.com) and we will send you an Itinerary email for the Programme.

Thank you for completing the form. Please email this Registration Form and the Screenshot of the payment made to [skipzhaflewisham@gmail.com](mailto:skipzhaflewisham@gmail.com)

We look forward to welcoming you.

Skipz Productions cic Team