Text

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**MEOLS COP YOUTH & COMMUNITY CENTRE**

**MEOLS COP ROAD**

**SOUTHPORT**

**PR8 6JU**

**Email: patrice.ycp@live.com**

A logo for a council

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**Meols Cop Youth Centre – HAF EASTER HOLIDAY Progamme 2024**

Thanks to government funding we have **FREE** sessions for young people aged 8– 16 years who qualify for ***Benefit Related* *Free School Meals* (FSM)** during the Easter holiday period. Sessions will run from 9am - 1pm and will include a physical activity, crafts, games, and fun! Lunch & refreshments will be provided each day. **Please provide a named drinks bottle each day.**

**BOOKING FORM**

**DATES REQUESTED: Please indicate which days your child will attend with a X**

|  |  |  |  |
| --- | --- | --- | --- |
| **TUESDAY 2nd APRIL** | **WEDNESDAY 3rd APRIL** | **THURSDAY 4th APRIL** | **FRIDAY 5th APRIL** |
|  |  |  |  |

|  |  |
| --- | --- |
| **FULL NAME OF CHILD:**  **SCHOOL ATTENDED:** | **Date of Birth:**  **Ethnicity:** |
| **HOME ADDRESS:**  **POSTCODE: PARENT/CARER EMAIL:** | |
| **EMERGENCY contact person and contact number:** | |
| **Any medical or additional issues that the YCP staff need to be aware of:** | |
| **Dietary requirements / allergies?** | |

**CONSENT:**

I consent to my child taking part in the activities provided by YCP at Meols Cop Youth Centre during the Easter HAF Programme. The consent form gives YCP permission to use photo / video images through social media / website for marketing and funding purposes. *(If you do not agree, then please state here)*

I confirm that my child qualifies for ***Benefit Related Free School Meals****,* and I agree to my information being shared with funders.

**Parent / Carer Name:**

**Signature: Date:**

**Application forms must be completed and returned to:** [**patrice.ycp@live.com**](mailto:patrice.ycp@live.com) **or posted through the**

**Meols Cop Youth Centre mailbox by THURSDAY 28th MARCH 2024**