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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Details (please note a separate form should be completed for each child)** | | | | | | | | | | | | | |
| **Surname:** |  | | | | **Forename:** | | |  | | | | | |
| **Age:** |  | | **Date of Birth:** | | |  | | | **Male/Female:** | | |  | |
| **Address:** |  | | | | | | | | | | **Post Code:** | |  |
|  | | | | | | | | | | | | | |
| **Parent/Guardian Contact Details** | | | | | | | | | | | | | |
| **Parent/Guardian Name:** | |  | | | | | | **Telephone (Work):** | | | |  | |
| **Telephone (Mobile):** |  | | | | | **Email:** |  | | | | | | |
| **Relationship to Child:** |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Alternative Contact Details (for use in emergency** | | | | | | | | | | | | | |
| **Contact Name:** |  | | | | | | **Relationship to Child:** | | | | |  | |
| **Telephone (Mobile):** |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Venue & Dates Required (please tick)** | | | | | | | | | | | | | |
| **Ballymena – Ballymena Academy** | | | | **7th – 11th August:** | | | | | | **YES** | | | |
| **Belfast – Queen’s University** | | | | **24th – 28th July:** | | | | | | **YES April 2012?** | | | |
| **Cookstown – Holy Trinity College** | | | | **3rd – 7th July:** | | | | | | **YES** | | | |
| **Derry – Foyle College** | | | | **17th – 21st July** | | | | | | **YES** | | | |
| Dungannon – Royal School | | | | 31st July – 4th August: | | | | | | **YES** | | | |
| **Enniskillen – St Michael’s College** | | | | **24th – 28th July:** | | | | | | **YES** | | | |
| **Newcastle – Shimna College** | | | | **3rd – 7th July:** | | | | | | **YES** | | | |
| **Newry – Our Lady’s Grammar** | | | | **7th – 11th August:** | | | | | | **YES** | | | |
| **Newtownabbey – Ulster University** | | | | **17th – 21st July** | | | | | | **YES** | | | |
|  | | | | | | | | | | | | | |
| **Medical Details (Please detail if your child has any medical condition, disability, behavioural/learning difficulty or is taking any medication we should know about)** | | | | | | | | | | | | | |
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| **Terms & Conditions** | | |
| 1. Bookings can only be made through Sentinus. 2. All children must be 10 – 13 years old.      1. All bookings are on a first come, first served basis. 2. Telephone bookings will not   be accepted.   1. Payment in full is required at time of booking. 2. Bookings are non refundable. 3. There will be no refunds for all or any part of the Summer School. 4. Parent/Guardian(s) must adhere to the start and finish times of the scheme. 5. Children must not arrive earlier than 8.30am and must be collected promptly by 5.00pm. | 1. Children must not leave the Summer School unless Sentinus has been informed in writing in advance by the parent/guardian. 2. Children must adhere to all rules and codes of conduct of the scheme. Any child who consistently breaks the code of conduct will be removed from the programme. 3. Football strips, items of clothing or emblems, which may cause offence to participants of the Scheme, must not be worn. 4. Photographs may be taken of your child and used for publicity purposes but will not be accompanied by the child’s name. 5. Sentinus is under no liability in respect of injury which any child may sustain unless as a result of negligence. | 1. Medication will only be administered with parental/guardian consent and all medication or instructions should be given to the leader.   **Prices & Payment**   1. Full week (Monday - Friday) £95.00 per child      1. Two children from same family, £95.00 for first child, £85.00 for second child. 2. Fees must be paid at time of booking. 3. Fees non refundable. 4. Cheques should be made payable to Sentinus. 5. Cash should not be sent through the post.   Full week per child - £29.60Bottom of Form |

Parent/Guardian Consent

**Completed forms should be returned, complete with payment, to:**

Sentinus, 19a Ballinderry Road, Lisburn, Co Antrim, BT27 6UP

Tel: 028 9262 7755 Email: [info@sentinus.co.uk](mailto:info@sentinus.co.uk)

**Cheques should be made payable to Sentinus.**

**BACS Payment Details:**

Bank: Ulster Bank

Account Name: Sentinus

Sort Code: 98-00-70

Account Number: 07831025

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I have read and agree to the Terms & Conditions:** | | | | | | **YES** | | | |
|  | | | | | | | | | |
| **I consent to my child’s photograph being taken:** | | | | | | **YES  NO :** | | | |
| **Parent/Guardian Signature:** | | | | | |  | | | |
| **Print Name:** | | | | | |  | | | |
|  | | | | | | | | | |
| **Cheque Enclosed:** | | |  | | | **Paid by BACS Transfer:** | |  |
|  | | | | | | | | | |
| **Please tell us how you heard about the Summer School:** | | | | | | | | | |
| **Sentinus Website:** | **Sentinus**  **Email:** | **Through School:** | | **Social**  **Media:** | **Other (Please Specify):** | |  | | |