

Holiday Club 2022

REGISTRATION FORM

Please read and fully complete.

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| CHILD'S FULL NAME: | | SEX: M / F | |
| DATE OF BIRTH: | | SCHOOL YEAR GROUP: | |
| DAYS MY CHILD WILL BE ATTENDING HOLIDAY CLUB (Week Commencing 25th July) | | | |
| Tuesday | <input type="radio"/> | Wednesday | <input type="radio"/> |
| Thursday | <input type="radio"/> | Friday | <input type="radio"/> |
| PARENT'S/GUARDIAN'S FULL NAME: | | | |
| ADDRESS: | | | |
| EMAIL ADDRESS: | | | |
| 1st CONTACT PHONE NUMBER: | | ALTERNATIVE CONTACT NUMBER: | |
| RELATIONSHIP TO CHILD: | | RELATIONSHIP TO CHILD: | |
| GP'S NAME: | | GP'S PHONE NUMBER: | |
| ANY KNOWN ALLERGIES OR MEDICAL CONDITION: (Attach more details on separate page if needed) | | | |
| MY CHILD WILL BE COLLECTED BY: | | MY CHILD CAN WALK HOME ALONE | YES / NO |
| I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE TAKEN DURING THE SESSION | | YES / NO | |
| I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE PUBLISHED... | | | |
| In church magazine | YES / NO | Church Website | YES / NO |
| Church Facebook Page | YES / NO | | |
| <p>I confirm that the above details are complete to the best of my knowledge.</p> <p>In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.</p> <p>I give permission for the information provided on this form to be added to the St. Andrew, Paddock Wood's Church management software, ChurchSuite. For more information, please see St. Andrew's Data Privacy Policy available on the website or at the church office.</p> | | | |
| SIGNATURE OF PARENT/GUARDIAN: | | DATE: | |