

Holiday Club Registration Form
St. James' Church, West Streatham
Tuesday July 23rd – Friday July 26th, 2019 (10.00am-12.30pm)

(One form can be completed per family)

Please write in block capitals and complete all sections of the form:

Child's full name _____ Sex: M/F D.O.B _____ School Year _____

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Address of child(ren) _____

Emergency contact name(s) _____

Emergency contact number(s) _____

Doctor's name and telephone number _____

Any known special needs, medical conditions, allergies (including foods) or other concerns:

Can your child have a drink and snack? (Please circle) **YES NO**

ALL CHILDREN MUST BE BROUGHT TO, AND COLLECTED FROM HOLIDAY CLUB BY AN ADULT AGED 18 OR OVER

List here the names of ALL ADULTS, including parents, who may collect your child(ren):

Name(s) _____

(Please inform us of any changes to this.)

➤ **Please confirm if we may contact you by email regarding the following:** (TICK TO AGREE)

Holiday Clubs Children's Activities Other activities at St. James

Email address for above: _____

PLEASE PUT A LINE THROUGH ANY STATEMENT BELOW THAT YOU DO NOT WISH TO SIGN:

- **I give permission for my child(ren) to attend the Holiday Club at St. James Church and confirm that the details above are correct to the best of my knowledge.**
- **I give permission for my child(ren)'s information to be stored on St. James Church database. This will be considered confidential and will not be shared with any third parties other than in case of emergency.**
- **I give permission for photographs and video footage including my child(ren) to be taken and used by St. James' Church for the Church website, social media etc. I understand that my child will not be named and no personal information will be displayed.**
- **In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency, if I cannot be contacted, I am willing for my child(ren) to receive hospital treatment, including anaesthetic if necessary. I understand every effort will be made to contact me as soon as possible.**

I include payment in the amount of £ _____ *(Please note: cost is £10.00 per child)*

Parent / Guardian's signature _____ Date _____

Parent / Guardian's full name *(please print)*: _____