**Holiday Club Registration Form** (Use a separate form for each child)

Please fill in this form to book a place for your child.

Child’s full name.....................................................................................................................................

Sex: **M/F** (please circle) Date of birth: ...............................................

Address: .................................................................................................................................................

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Home phone number (include area code): .......................................................................................

School: .....................................................................................................................................................

Parent/Guardian’s full name: ..............................................................................................................

Relationship to child: ............................................................................................................................

Emergency contact number whilst child is at Holiday Club:........................................................

Doctor’s name: ................................................... Surgery number (if known)..................................

Address of Surgery: ............................................................................................................................

Please provide details of any known allergies to named child:

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Please give details of any medical conditions that may affect activities that the child is involved in during Holiday Club (please use back of form if more room is needed):

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I give consent to medical treatment being given to named child if needed (circle) **Y/N**

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| 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 anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible. |

I give consent to photographs being taken of named child for use in Church advertising including our facebook page

(please circle)  **Y/N**

All details on this form will be kept in a locked cupboard until after the Holiday Club has finished when they will be shredded.

Signed: .......................................................... Date: ............................................................