

Easter Holiday Club Registration and Consent Form (ONE FORM PER CHILD)



Tuesday 9th—Friday 12th April, *10:00am– 12:30pm*
doors open 9:45am

£1.50 per day or £5 for the week
For anyone in school years 1-6

Child's Name: _____

Gender: M F Date of Birth: _____

School & School Year: _____

Parent/Guardian: _____

Address: _____

Contact Number : _____

Email: _____

Allergies/Conditions: _____

Medication: _____

Registration For: All Tues 9th Wed 10th Thurs 11th Fri 12th

Payment due: _____

I give permission for photographs of my child to be taken during holiday club. *(Photographs will be used for church purposes only, including church website, magazine and press releases. Children's names will not appear with photos)*

YES NO

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.

By completing this form, you are confirming that you are consenting to the PCC of St Mary Magdalene, Stoke Bishop holding and processing your personal data for the following purpose:

I consent to being contact regarding future, related events by post phone email.

Signature of Parent/Guardian:

Please return this completed form to the Church Office: places are limited and will be awarded on a first-come, first-served basis. If enclosing payment, cheques payable to St Mary Magdalene PCC.



For Office use: P