

# REGISTRATION FORM

## HOLIDAY CLUB 2019

Wednesday 10th April -- Friday 12th April

**Cost per child: £5 per day / £12 for all 3 days / £2 lunch per person**

Surname: _____	Date of birth dd/mm/yy	School year	Days required (please tick)			Fri 12 April lunch Number of people Attending @ £2 each
			Wednesday	Thursday	Friday	
Children's First Names: 1 _____						
2 _____						
3 _____						
4 _____						

Payment: £ \_\_\_\_\_

Cash/cheque payable to Grosvenor Church

By BACS Lloyds TSB  
Grosvenor Church  
Sort Code: 30-90-49  
Account No: 00840979  
Ref: **Holiday Club**

**Children attending the family lunch on Friday 12th April must be accompanied by a parent or responsible adult please.**

Contact No 1 \_\_\_\_\_

Contact No 2 \_\_\_\_\_

Emergency Contact \_\_\_\_\_

### Special requirements

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc) or disability which may affect normal activity.

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Child 4 \_\_\_\_\_

*I give permission for the child/children listed above to take part in the normal activities of this Holiday Club. I understand that while involved he/she/they will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.*

I have read, understood and accept your Data Protection Policy. (Available on our website under Privacy Policy)

YES  NO (please tick)

I give permission for my son/daughter's photograph to be taken for the purposes of promoting the activities of the church

YES  NO (please tick)

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic.

YES  NO (please tick)

Signed \_\_\_\_\_

Date \_\_\_\_\_

Parent/Carer \_\_\_\_\_

Print Full Name \_\_\_\_\_