

SAMPLE HOLIDAY CLUB REGISTRATION FORM

Please read this form carefully, and fill it in if you would like your child to come to Holiday Club this year. We need one form for each child.

*Please return the signed form to.....
by (date)*

My child wishes to attend this year's Holiday Club.

Child's Name:male/female **Date of Birth:**

School attended: **Year:** **Age:**

Parents/Guardians:

Name(s):

Address:

Contact number(s):

Contact number during time of Club:.....

Email:

Medical:

Name of GP: **NHS Number:**

GP's Telephone Number:

Does your child take any medicines regularly, or have any allergies, disabilities or medical problems that we should know about? NO

YES:

.....

I am happy for these details to be entered into a database, on condition that they will only be used in connection with the Youth and Children's Work of this parish.

Signed(parent/guardian) **Date**

Collecting your Child

To keep your child safe, we need to know who is collecting them when the Club finishes at 12noon each day.

On Monday, my child will be collected by

On Tuesday, my child will be collected by

etc. etc.

If you are concerned that the “wrong” person may collect your child, you may give the “right” person a password to use. Please write your chosen password here:

..... *(and remember to tell it to the person collecting!)*

Consent for Photographs/Video

We would like to take photos during the Holiday Club for our Church photo album, magazine and web-site. We would also like to make videos with the children.

Please sign below if you are happy for your child’s image to be used in these ways. Do not sign if you are not happy for us to do this. (Please delete if necessary.)

I am happy for photos of my child to be taken, for use only in Church publications.

I am happy for my child to take part in video-filming as part of the Holiday Club only.

Signed(parent/guardian) **Date**

Consent for Emergency Medical Treatment

In the unlikely event of an emergency during the Holiday Club we will, of course let you know as soon as we possibly can, however we need your consent before any essential medical treatment can be given to your child. Please would you sign the declaration below:

In the event that my childis taken seriously ill, or should need urgent medical attention, I understand that every effort will be made to contact me as soon as reasonably possible, and I give my consent to any treatment or procedure deemed necessary by medical staff for his/her health and safety.

Signed(parent/guardian) **Date**