

HOLIDAY CLUB AUGUST 2025 REGISTRATION FORM

CHILD'S FULL NAME:		SEX: M / F	
DATE OF BIRTH:		SCHOOL YEAR GROUP:	
PARENT'S/GUARDIAN'S FULL NAME:			
ADDRESS:			
EMAIL ADDRESS:			
PHONE NUMBERS:			
MY CHILD WILL BE COLLECTED BY:			
PASSWORD TO BE USED AT COLLECTION:			
I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE TAKEN DURING THE SESSION			YES / NO
I GIVE PERMISSION FOR MY CHILD'S PHOTOGRAPH TO BE PUBLISHED...			
In church magazine YES / NO		Church Website YES / NO Church Facebook Page YES / NO	
EMERGENCY CONTACT NAME:		EMERGENCY PHONE NUMBER:	
GP'S NAME:		GP'S PHONE NUMBER:	
ANY KNOWN ALLERGIES OR MEDICAL CONDITION: (Please continue overleaf if necessary)			
<p>Please tick the following boxes as appropriate -</p> <p>I confirm that the above details are complete to the best of my knowledge. <input type="checkbox"/></p> <p>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 anesthetic if necessary. I understand that every effort will be made to contact me as soon as possible. <input type="checkbox"/></p> <p>I give permission for the information provided on this form to be added to the United Benefice's Children's Work Database. For more information, please see the United Benefice's Data Privacy Policy available on the website. <input type="checkbox"/></p> <p>SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____</p> <p>Return completed form to becky.thecat@btopenworld.com or contact Becky on 07949 646865</p>			



The United Benefice of Coxheath, East Farleigh,
Hunton, Linton and West Farleigh