Registration Record for Children's Fun Day
Thursday February 20th 2014 11am-3pm

Contact Details (if more than 2 children, please write on back of sheet)

Child 1's Full Name……………………………………………………… ….…Date of Birth…..……..……School Year….......

Child 2's Full Name………………………………………………….. ……Date of Birth………………...School Year........

Full name(s) of parent/guardian: ……………………………………………………………………………………………

School(s) ……….

Any similar age children your child would like to be in a group with (if yes, specify on back)………………………………

Home Address:……………………………………………………………………………………………………..…...

Home /Mobile no. ……………………………………………. Home email …..……………………………………………

The vicar sends out an email once or twice a month about children's activities and services at the church. If you would not like to receive this e-mail, please put a line through this box.

Contact telephone number during activity time if different from above:…………...…….....….…………………………

Different contact number for an alternative adult in case of emergencies: …..…...……………......…………...……………

Relationship to Child: ………………………………………………………...…..……………...…………………………….……

Whilst in our care, it would be helpful for us to know whether your child(ren) suffers from any allergies, is on any medication or if there is anything else you think we need to know.

- Do they have any food allergies? (If yes, please specify on back).……………………………………………………………
- Do they have any medical conditions? (If yes, please specify on back)……………………………………………………
- Are they on medication? (If yes, please specify on back) ……………………………………………………………..
- Do they have any special needs? (If yes, please specify on back) …………………………………………………………
- Is there anything else you would like us to know about them? ....
- Family doctor's name, address and telephone number …………………………………………………………………..

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Arrangements for Collection

My child will be collected by …………………………..……………………………… Relationship to child …….…...……………….

Name of anyone NOT allowed to collect my child (*if applicable)* …………………………………………..…………………...

Photo consent

At the Children's Fun Day, we may take photos and use them on the church internal noticeboards, parish magazine and church website. Children will not be identified by name. The images are stored on a computer file.

I consent to images of my child(ren), named above, being used and stored as stated above.

Signed (Parent/Guardian) ……………………………………………………………………… Date …………………………..…

Declaration

I give permission for my child(ren), named above, to attend the above group and take part in the specified activities.

Signed (Parent/Guardian) ……………………………………………………..…………...…… Date …………………………...

PLEASE RETURN TO FRAN SIDDLE VIA THE CHURCH OFFICE IN AN ENVELOPE MARKED
"FUN DAY" WITH THE £3 REGISTRATION FEE BY WEDNESDAY 12th OCTOBER 2014