	HOLIDAY CLUB REGISTRATION & CONSENT FORM
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HOLIDAY CLUB REGISTRA GRACE BAPTIST CHURCH	HOLIDAY CLUB REGISTRATION & CONSENT FORM GRACE BAPTIST CHURCH Reg Form RF2		HOL CLUB No.	· X
Child's Surname:	Child's 1st Name:	Date of Birth:		
Child's		-		
Address:				
Name of School:		School Year:		
Contact tel. no(s) during holiday club:				
Allergies, Medial Conditions or F Special Needs YES NO	If 'YES' please give details:			
 In the unlikely event of illness o nominated first-aider. In an em treatment by a GP and/or hosp offect will be a GP and/or potents 	for ap	lid to be giver nt for my chilu c. l understan	n by a d to receive nd that every	
 effort will be made to contact me as soon as possible: YES I am willing for my child to be included in photos of holiday unch: YES NO Grace Baptist Church will retain the information provided on children's clubs. I consent to Grace Baptist Church receiving purpose: YES NO 	effort will be made to contact me as soon as possible: YES NO I am willing for my child to be included in photos of holiday club. Photos will only be used by Grace Baptist Church: YES NO Grace Baptist Church will retain the information provided on this form and use it to inform you of our children's clubs. I consent to Grace Baptist Church receiving and retaining this information for the stated purpose: YES NO	be used by Gr o inform you ormation for t	race Baptist • of our the stated	
Parent or Guardian's Full Name:				
Parent or Guardian's Signature:		Date:		*

Please complete one form for <u>each</u> child attending. You can download more forms from our website: www.gracebaptist.org.uk

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Child's Child's Surname: 1st Name:	Date of Birth:
Child's Address:	
Name of School:	School Year:
Contact tel. no(s) during holiday club:	
Allergies, Medial Conditions or Special Needs YES NO	
 In the unlikely event of illness or accident, I give permission for appropriate First Aid to be given by a nominated first-aider. In an emergency, and if I cannot be contacted, I give consent for my child to receive treatment by a GP and/or hospital, including treatment under general anaesthetic. I understand that every effort will be made to contact me as soon as possible: YES NO I am willing for my child to be included in photos of holiday club. Photos will only be used by Grace Baptist Church will retain the information provided on this form and use it to inform you of our children's clubs. I consent to Grace Baptist Church receiving and retaining this information for the stated purpose: YES NO 	t to be given by a for my child to receive I understand that every e used by Grace Baptist inform you of our mation for the stated
Parent or Guardian's Full Name:	
Parent or Guardian's Signature:	Date:

Tues 28th May - Fri 31st May, 9.45am - 12.15pm

Holiday Bible Club - free fun for Reception to Year 6 children Games, crafts, Bible stories - everyone welcome

Sunday 2nd June, 10.30am - 11.30am

All age service and review of Holiday Club

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