



Registration / Consent

Please fill in this form to book a place for your child. Please use a separate form for each child

VENUE St. Peter's Church, Mancetter, CV9 1NH		
FROM Monday 22nd July	TO Friday 26th July	TIME: 10.00 am – 12 noon
CHILD'S FULL NAME		
CHILD'S ADDRESS		
POSTCODE		
DATE OF BIRTH	AGE	SCHOOL
PARENT'S/GUARDIAN'S FULL NAME		PHONE NUMBER
EMERGENCY CONTACT NAME	PHONE NUMBER	
GP'S NAME	GP'S PHONE NUMBER	
DOES YOUR CHILD HAVE ANY ALLERGIES TO ANY PARTICULAR FOOD OR DRUGS? e.g. aspirin, antibiotic (such as penicillin) Please give details:		
DOES HE/SHE SUFFER FROM ANY OF THE FOLLOWING: Asthma, behaviour problems, chest complaints, migraines, fits or faints, diabetes or any other illness or disability? Please give details:		
IS HE/SHE UNDERGOING ANY MEDICAL TREATMENT AT PRESENT? IF SO, PLEASE GIVE DETAILS OF TREATMENT AND MEDICINES ETC. BELOW AND MAKE THE REGISTRATION TEAM AWARE OF THE SITUATION.		
I confirm that the above details are complete and correct to the best of my knowledge. 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 anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.		
SIGNATURE OF PARENT/GUARDIAN		DATE
I give permission for my child's and my details to be entered on the church database (To let you know about any other relevant future events at Church. We will not pass your details on to anyone else)		YES / NO
I give permission for my child's photograph to be taken during the club (The photograph will be used for church purposes only including church magazines)		YES / NO
Breakfast Club available from 8.30 am. Please tick if you would like your child to attend: Monday [], Tuesday [], Wednesday [], Thursday [], Friday []		