St Peter's Church, Mancetter presents

Tuesday 28th October – Friday 31st October 2025

Breakfast Club 8:30am
Registration from 8:30am until 9:15am
Club starts at 9:15am
Finishes 12:15pm (except Friday 2:30pm)

Registration for Holiday Club 2025

Please fill in this form to book a place for your child/children then email to stpeterspcc1@outlook.com

Please tick the boxes on the dates you wish to book.

28th October ☐	29th October ☐	30th October ☐	31st October ☐
Breakfast **Yes/No**	Breakfast **Yes/No**	Breakfast **Yes/No**	Breakfast **Yes/No** Lunch (finish at 2:30pm) **Yes/No**

PARENT'S/GUARDIAN'S FULL NAME ☐	PHONE NUMBER ☐

PARENT'S/GUARDIAN'S ADDRESS

POSTCODE

EMAIL ADDRESS PLEASE WRITE CLEARLY

1ST EMERGENCY CONTACT NAME	PHONE NUMBER
2ND EMERGENCY CONTACT NAME	PHONE NUMBER
GP'S NAME	GP'S PHONE NUMBER

1ST CHILD'S FULL NAME

CHILD'S ADDRESS SAME AS PARENT/GUARDIAN ☐

POSTCODE

DATE OF BIRTH	AGE	SCHOOL

DOES YOUR CHILD HAVE ANY ALLERGIES/ INTOLERANCE TO ANY PARTICULAR FOOD OR DRUGS?
Please give details:

DOES HE/SHE SUFFER FROM ANY OF THE FOLLOWING: Asthma, behavioural 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

2ND CHILD'S FULL NAME

CHILD'S ADDRESS SAME AS PARENT/GUARDIAN ☐

POSTCODE

DATE OF BIRTH	AGE	SCHOOL

DOES YOUR CHILD HAVE ANY ALLERGIES/ INTOLERANCE TO ANY PARTICULAR FOOD OR DRUGS?
Please give details:

DOES HE/SHE SUFFER FROM ANY OF THE FOLLOWING: Asthma, behavioural 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.

3RD CHILD'S FULL NAME

CHILD'S ADDRESS SAME AS PARENT/GUARDIAN ☐

POSTCODE

DATE OF BIRTH	AGE	SCHOOL

DOES YOUR CHILD HAVE ANY ALLERGIES/ INTOLERANCE TO ANY PARTICULAR FOOD OR DRUGS?
Please give details:

DOES HE/SHE SUFFER FROM ANY OF THE FOLLOWING: Asthma, behavioural 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 first aider. In an emergency, and if I cannot be contacted, I am willing for my child/children to be given hospital treatment, including anesthetic 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/children and my details to be entered on the church database **YES / NO**
(To let you know about any other relevant future events at Church. We will **not** pass your details on to anyone else)

I give permission for my child/ children's photograph to be taken during the club **YES / NO**

I give permission for the photos to be used in for (Please tick)

St Peter's Website ☐ St Peter's Facebook Page ☐ St Peter's Instagram ☐ Mancetter Matters ☐

To receive information about future events would you prefer to be contacted by

WhatsApp ☐ email ☐ post ☐