

**Holiday Club Registration Form**  
St. James' Church, West Streatham  
**Tuesday July 24<sup>th</sup> – Friday July 27<sup>th</sup>, 2018 (10am-12.30pm)**

*(One form may be completed per family)*

**Please write in block capitals and complete all sections of the form:**

Child's full name \_\_\_\_\_ sex: M/F D.O.B \_\_\_\_\_ School Year \_\_\_\_\_

Child's full name \_\_\_\_\_ sex: M/F D.O.B \_\_\_\_\_ School Year \_\_\_\_\_

Child's full name \_\_\_\_\_ sex: M/F D.O.B \_\_\_\_\_ School Year \_\_\_\_\_

Address of child(ren) \_\_\_\_\_

Emergency contact name(s) \_\_\_\_\_

Emergency contact number(s) \_\_\_\_\_

Doctor's name and telephone number \_\_\_\_\_

Any special needs, allergies (including foods), medical conditions or concerns (continue overleaf if needed):

\_\_\_\_\_

➤ Can your child have a drink and snack? (Please circle) **YES NO**

**Children must be brought to and collected from Holiday Club by a responsible adult aged 18+  
List here the names of ALL ADULTS, including parents, who may collect your child(ren):**

Name(s) \_\_\_\_\_  
*(Please inform us of any changes to this)*

TO FIND OUT MORE ABOUT HOW WE USE YOUR PERSONAL DATA PLEASE VISIT OUR WEBSITE PRIVACY POLICY

➤ **Please confirm if we may contact you by email regarding the following:** (TICK TO AGREE)

Holiday Clubs  Other activities at St. James

Email address to be used: \_\_\_\_\_

PLEASE PUT A LINE THROUGH ANY STATEMENT YOU DO NOT WISH TO SIGN

- **I give permission for my child(ren) to attend the Holiday Club and confirm that the above details are correct to the best of my knowledge.**
- **I give permission for my child(ren)'s information to be stored on the church database. This will be considered confidential and will not be shared with any third parties other than in case of emergency.**
- **I give permission for photographs and video footage including my child(ren) to be taken and used by St. James' Church. I understand that my child will not be named and no personal information will be displayed.**
- **In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency, if I cannot be contacted, I am willing for my child(ren) to receive hospital treatment, including anaesthetic if necessary. I understand every effort will be made to contact me as soon as possible.**

Parent / Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian's full name (please print): \_\_\_\_\_