**REGISTRATION FORM**

|  |  |
| --- | --- |
| **Family information** Family name | |
| Parent/s’ name/s | |
| Address | Phone number |
| Mobile number | |
| Email | |
| Church (if attended) | |
| **Emergency information** | |
| Emergency contact name | Phone number |
| Doctor’s name | Doctor’s phone number |
| **Child/ren’s details** | |
| Name | Sex: M / F |
| Date of birth (dd/mm/yy) | Age |
| Name of school | Year Group |
| List any allergies or medical conditions your child has that you would like us to be aware of | |
| Name of one friend your child would like to be with in a small group\* | |
| Name | Sex: M / F |
| Date of birth (dd/mm/yy) | Age |
| Name of school | Year Group |
| List any allergies or medical conditions your child has that you would like us to be aware of | |
| Name of one friend your child would like to be with in a small group\* | |
| Name | Sex: M / F |
| Date of birth (dd/mm/yy) | Age |
| Name of school | Year Group |
| List any allergies or medical conditions your child has that you would like us to be aware of | |
| Name of one friend your child would like to be with in a small group\* | |
| \* Children will be placed in age-based small groups. Every effort is made to accommodate requests for children to be with their friends, however sometimes this is not possible.  **Please turn over for consent and payment details.** | |

Please register my child/ren for *Mega Makers* Holiday Program***.* Please circle your response to the following statements.**

**I give permission for the details on this form to be entered on the church database. Yes/No**

**I also give permission for my child/ren’s photograph to be taken and used in any church publicity.** (Note: Individual children will not be named in any published photograph.) **Yes/No**

**I give permission for my child/ren’s photograph to be used on the church twitter page. Yes/No**

**I confirm that the details on this form are complete and correct to the best of my knowledge. I will notify the church of any changes to these details. Yes/No**

**In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. Yes/No**

**In an emergency, and if I cannot be contacted, I am willing for my child/ren to receive hospital treatment, including ambulance transport and anaesthetic if necessary. Yes/No**

**I understand that every effort will be made to contact me as soon as possible.**

Parent’s/Caregiver’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is a possibility Friday 15th August might have the option of a toddler family morning for careers and pre-school children to attend. Would you be interested in attending this? **Yes/No**

If so how many children would you bring?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Receipt**

Please circle the days you would like you child to attend. (£2.50 per day or £10 per week)

**Monday Tuesday Wednesday Thursday Friday**

I have paid £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by cheque/cash

Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signed by church leader)

[](http://www.bing.com/images/search?q=twitter&FORM=HDRSC2#view=detail&id=B2BA8E477118221D3E6968A457B38BF6D3CB2E04&selectedIndex=4)Follow the activity @Yardleybaptist