



## Bankfoot Church Centre Annual Holiday Club

For all pupils leaving Ps 1, 2, 3, 4, 5, 6 & 7

**Monday 31st July – Friday 4 August**

Evenings 6.30pm-8pm

Friday 4 August BBQ

(notification of details, cost etc. for the BBQ will be given during the Holiday Club.)

**Sunday 6th August at 11.15.** Morning service in the church incorporating elements of the Holiday Club so that parents and friends can see what we have been doing. Team prizes will be awarded.

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(Please cut off and keep for details)

### Registration

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

Please use a separate form for each child

Child's full name:..... Sex:.....

Date of birth..... School:..... Class just leaving: .....  
(e.g. Primary 2 etc.)

Address: .....

..... Phone number: (mobile if possible).....

Emergency contact name: ..... Phone number: (mobile if possible) .....  
(and relationship to child)

GP's name:..... GP's phone number: .....

Any known allergies or condition: .....

**GOING HOME:** Please tick which option you want and, if you will not be collecting your child yourself, please fill in your designated "collector's" name

(a) I will collect my child from the Holiday Club. (b) My child has my permission to walk/ cycle home on their own.

(c) ..... will collect my child from the Holiday Club

**PLEASE COMPLETE BOTH SIDES OF THE REGISTRATION FORM.**



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I give permission for my child's and my details to be entered on the church database.

I give permission for my child's photograph to be taken during the club.

(The photographs will be used for church purposes only, including church magazines and press releases)

**I confirm that the above details are complete and correct to the best of my knowledge.**

Please register my child for the Church Holiday Club to take place 4 – 8 August 2014.

Parent's/Guardian's full name: .....

Parent's/Guardian's signature: .....

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, **if I cannot be contacted**, I am willing for my child to be given hospital treatment, including anesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Payment is required with registration

COST: £5 per child per week. Discount for third and subsequent siblings (members of the same family).

<p><u>Admin use only</u></p> <p>Payment: amount received.</p> <p>.....</p>
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**COMPLETED FORMS TO BE RETURNED TO THE BANKFOOT CHURCH CENTRE  
OFFICE.**